

Capacity Development and Support Program (CDS)

**Quarterly Progress Report
October 1, 2015 to December 31, 2015**

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ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
AOR	Agreements Officer's Representative
APS	Annual Program Statement
BMI	Body Mass Index
CBIMS	Community Based Interventions Monitoring System
CCP	Community Care Project Trust
CCW	Child Care Worker
CCYC	Community Child and Youth Care
CDS	Capacity Development and Support Program
CEGAA	Centre for Economic Growth and AIDS in Africa
COP	Chief of Party
COS	Chief of Staff
CSPE	Center of Support for Peer Education
CYCW	Child and Youth Care Workers
DATIM	Data for Accountability, Transparency and Implementation
DCAT	Digital Capacity Assessment Tool
DEC	Development Experience Clearinghouse
DHMT	District Health Management Team
DOH	Department of Health
DQA	Data Quality Assessment
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSD	Department of Social Development
DUCW	Data Use on Children's Welfare
ECD	Early Childhood Development
ECHS	Early Childhood Household Stimulation
ETF	Educational Training Fund
FANTA	Food and Nutrition Technical Assistance III Project
FPD	Foundation for Professional Development
FY	Fiscal Year
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
HTA	High Transmission Area
HTC	HIV Testing and Counselling
HWSETA	Health and Welfare Sector Education and Training Authority
IATT	Inter-Agency Task Team

ICT	Information Communication Technology
KMC	Knowledge Management and Communications
KZN	Kwazulu-Natal
M&E	Monitoring and Evaluation
m2m	mothers2mothers
MBFI	Mother Baby Friendly Initiative
MER	Monitoring, Evaluation and Research
MERL	Monitoring, Evaluation, Research and Learning
MUAC	Mid-Upper Arm Circumference
NACCW	National Association of Child Care Workers
NCCPF	National Child Care Protection Forum
NACS	Nutrition Assessment, Counselling and Support
NFNS	National Food and Nutrition Security
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
OVCY	Orphans, Vulnerable Children and Youth
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMF	Performance Management Framework
PMTCT	Prevention of Mother to Child Transmission
POE	Portfolio of Evidence
PrEP	Pre-Exposure Prophylaxis
RFP	Request for Proposals
SAG	South African Government
SAM	Severe Acute Malnutrition
SFR	Sub Awardee Financial Report
SIMS	Site Improvement through Monitoring System
SOP	Standard Operating Procedures
SRI	Supportive Referral Initiative
TA	Technical Advisor
TLAC	Tshwaranang Legal Advocacy Centre
USAID	United States Agency for International Development
USG	United States Government
VAW	Violence Against Women
ZAR	South African Rand

PURPOSE AND STRUCTURE OF THE REPORT

This quarterly progress report is a reporting requirement established in the cooperative agreement between the United States Agency for International Development (USAID) and FHI 360. The report provides an overview of project activities and accomplishments that FHI 360's Capacity Development and Support project (CDS) has achieved from October 1 through December 30, 2015. The report is divided into the following sections:

Section 1: Introduction and Background gives an overview of the CDS goal, objectives and strategies

Section 2: Progress on Project Programming provides details related to the administration of the CDS project, focusing on staffing, stakeholder management and meetings. This section also includes updates on the following four project components:

- **Component 1:**
 - Provides an update on **grants management and partner contracts**, as well as the programming that took place in the reporting period
- **Component 2:**
 - Focuses on the project's achievements in the **institutional capacity development** of indigenous organizations
- **Component 3:**
 - Reviews CDS capacity development **assistance to the South African Government (SAG)**, with a focus on recruitment and placement of Technical Advisors (TAs) as well as the CDS **Nutrition, Assessment, Counselling and Support (NACS)** program
- **Component 4:**
 - Summarizes the project's **monitoring, evaluation, research and learning (MERL)** activities, with updates on evaluations and assessments

Section 3: Financial Management provides a summary of project finance management data for the period of performance, including expenditures

Section 4: Planned Activities for the Next Quarter presents a summary of the anticipated activities for the next reporting period

SECTION I: INTRODUCTION AND BACKGROUND

Program Overview

The CDS project was awarded to FHI 360 by USAID on June 10, 2014 under Cooperative Agreement No: AID-674-A-14-00009. The five-year award focuses on developing the organizational management, technical capacity, and sustainability of local non-governmental organizations (NGOs) and South African Government (SAG) departments in order to sustain an improved, expanded, and country-led response to HIV and AIDS. CDS is managed and led by FHI 360 and implemented with support from consortium partners, Deloitte South Africa and Foundation for Professional Development (FPD). CDS is designed to support the achievement of the goals in the President's Emergency Plan for AIDS Relief (PEPFAR) Partnership Framework Implementation Plan.

Geographic Scope

The CDS project is implemented in PEPFAR 3.0 high HIV prevalence priority districts within the six provinces, as outlined in Table 1. In addition, one research activity is being conducted in the Northern Cape.

Table 1: Geographic Coverage of CDS

Provinces	Districts
Kwazulu-Natal (KZN)	<ul style="list-style-type: none">• eThekweni Metro• Ilembe• uMgungundlovu• UMkhanyakude• Zululand• UThungulu
Gauteng	<ul style="list-style-type: none">• City of Johannesburg• City of Tshwane
Limpopo	<ul style="list-style-type: none">• Sekhukhune• Mopani• Capricorn
Mpumalanga	<ul style="list-style-type: none">• Nkangala• Ehlanzeni• Gert Sibande
Free State	<ul style="list-style-type: none">• Thabo Mofutsanyane
Eastern Cape	<ul style="list-style-type: none">• OR Tambo
Northern Cape	<ul style="list-style-type: none">• John Taolo Gaetsewe

Program Objectives and Components

The CDS project has the following strategic objectives:

1. Support the provision of sustainable high-quality services in HIV and AIDS in South Africa through strategic approaches that address specific needs with practical and pragmatic business plans for implementation
2. Develop sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and high quality services
3. Enhance local sub-partners' capacity in treatment, care (including support of orphans and vulnerable children) and prevention
4. Strengthen the overall health and social services system

Project activities are organized by the following program components:

1. Grant award and management
2. Institutional capacity development of indigenous organizations
3. Capacity development assistance to SAG
4. Monitoring, evaluation, research and learning

Capacity Building Approach and Methodology

The CDS project utilizes a broad and flexible capacity strengthening methodology that incorporates a wide range of tools and approaches that are selected according to their suitability to meet the needs of specific requests received from USAID and SAG. CDS has ensured accountability for results by developing meaningful indicators and benchmarks for measuring project outcomes and results. The CDS capacity development methods include the following:

- Standardized trainings fill universal capacity gaps among CDS sub-recipients and other NGO partners, incorporating competency-based training principles and follow-up support to ensure application of new knowledge.
- Tailored trainings are customized to focus on a department or organization's specific needs and challenges, and develop skills and competencies to address them effectively.
- Mentoring and coaching provides technical and functional specialists, whether through secondment or regular mentoring visits, to teach and support individuals and units within an organization to respond to current needs and challenges, and develop skills to analyze and respond to future needs and challenges independently.
- Communities of practice include physical and virtual spaces for relevant stakeholders to discuss issues and challenges, share tools and resources, exchange information and

lessons learned, and ultimately develop greater capacity for collective learning and problem solving.

Program Monitoring

The CDS program monitoring focuses on the following approaches:

- Measurement of program progress through the collection, management, analysis, and use of data, while also tracking progress on performance indicators for established targets
- Provision of feedback for accountability, learning and quality through a range of activities and processes that encourage data use for timely, evidence-based decision-making
- Data quality assurance through the use of a rapid validity check using the Data Verification Tool

SECTION 2: PROGRESS ON PROJECT PROGRAMMING

This section focuses on operational activities of the CDS project, such as staffing, grants management and partner contracts, consortium steering committee meetings, and stakeholder management meetings. This section also highlights progress and activities implemented under components one to four during the reporting period.

Staff Recruitment

There were no positions filled during this reporting period. However, Table 2 below summarizes the recruitment status of the remaining positions to be filled in year two:

Table 2: CDS Staff Recruitment Status as of December 2015

Position	Roles and Responsibilities	Status
Monitoring and Evaluation (M&E) Capacity Building Manager	The M&E Capacity Building Manager will take the lead in providing capacity development support to NGOs and SAG units on strategic M&E systems. Interviews have been conducted and a candidate was selected for hire.	Anticipated start date is February 1, 2016
Knowledge Management and Communication (KMC) Manager	The KMC Manager will coordinate the roll-out, implementation and technical documentation outlined in the CDS Knowledge Management and Communication framework. Recruitment was completed and the identified candidate is in the final stages of the hiring process.	Anticipated start date is January 1, 2016
Research Officer	The Research Officer will support the CDS project in responding to internal and external requests to undertake research and evaluation studies. He/she will be responsible for the design, planning, implementation, and reporting of high quality research as well as program evaluation studies. Recruitment was completed and the identified candidate is in the final stages of the hiring process.	Anticipated start date is January 1, 2016

Consortium Steering Committee Meeting

During this reporting period, a Consortium Steering Committee meeting was held on November 25, 2015. The meeting was attended by the CDS Chief of Party (COP) and Senior Management Team, as well as CDS consortium partners Deloitte South Africa and FPD. Each partner gave an update on their activities since the last meeting, including:

- Financial capacity assessments of five NGOs were completed in the previous reporting period, and CDS conducted mapping of assessment scores to identify common strengths and weaknesses. The NGOs mainly require support with USAID requirements, internal controls and financial management.
- Capacity assessments of the five early childhood household stimulation (ECHS) partners were completed to identify their training and technical assistance needs. These partners include: Hope worldwide, Kheth'Impilo, mothers2mothers, The Valley Trust and Woz'obona.
- Action plans to address NGO weaknesses were developed through one-on-one meetings regarding individual challenges identified in the capacity assessments. These action plans were shared with the NGOs for feedback.
- The process of incorporating the NACS program into CDS, including development of an integrated work plan, was completed.

The outcomes of the meeting included the following:

- CDS will hold a reflection and planning meeting, along with partner site visits, in Limpopo during the first two weeks of January 2016. The outcome of this meeting will be reported in the next quarter.
- CDS will provide technical assistance to prepare NGOs for PEPFAR's Site Improvement through Monitoring System (SIMS) assessments.
- CDS, via FPD, will continue to provide intense HIV/AIDS technical assistance to the ECHS and Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women (DREAMS) activities in year two.

Partner Program Management Meetings

CDS continued to hold program management meetings with three sub-awardees to monitor program progress, challenges, emerging issues and trends experienced during implementation. Conducting these meetings consistently ensures that programmatic progress is closely monitored and areas requiring improvement are identified and addressed timeously. During this reporting period, the following meetings were held with partners:

- **Woz'obona Early Childhood Community Services (Woz'obona)**
CDS held management meetings with Woz'obona on October 8 and November 16, 2015, in Pretoria. Key issues from the two meetings include:
 - The need to complete the baseline study in the new area of Mopani District by November 2015 was discussed.
 - Woz'obona was requested to urgently procure critical commodities for home visitors, such as bicycles, computers and uniforms.

- Woz'obona was advised to expedite trainings of home visitors on child development, toy making and HIV.
- Woz'obona was requested to submit documentation related to special award conditions to CDS before the end of November 2015. These included a branding and marking plan, M&E plan, and revision of financial management and human resource policies.
- Approval of a recruitment request for additional staff to reach increased targets was granted by CDS. These positions include a monitoring, evaluation and research manager, finance manager, data capturer, and home visitors.

- **HOPE worldwide**

The management meeting with HOPE worldwide was held on October 20, 2015 in Pretoria. Key issues from the meeting include:

- CDS provided clarity on queries related to costs for referrals, and advised HOPE worldwide to link with the relevant district officials to ensure beneficiaries obtain the required services, at no extra cost to the organization or beneficiaries.
- CDS approved HOPE worldwide's request to recruit additional staff members to increase its capacity and skills set. These positions include professional social workers or social auxiliary workers, a part-time data capturer, and a program manager to focus solely on the ECHS program.

- **The Valley Trust**

The management meeting with The Valley Trust was held on October 13, 2015, in Durban. This meeting highlighted pertinent deliverables and project achievements related to cost share and M&E, which are not currently being met. These include a lack of program progress, inadequate reporting of data and insufficient numbers of home visitors recruited. CDS also raised concerns related to the number of home visitors engaged, as well as The Valley Trust's program and organizational structures.

To address these concerns, CDS advised The Valley Trust to complete the following critical actions:

- Revise their ECHS model, which is currently heavy on community workshops rather than home visits, and share an updated program description with CDS
- Provide feedback on the Human Sciences Research Council (HSRC) baseline report by October 20, 2015
- Start reporting data on children served in the next monthly report
- Increase the number of home visitors in order to reach established targets
- Submit all outstanding contractual deliverables

Component One: Grant Award and Management

The activities of Component One are responsive to CDS strategic objectives one and four, and aim to ensure efficient and accountable administration of grant funding to support service delivery and scale-up.

Contracts

- **FPD – Technical Training & Capacity Building**
A modification was issued to FPD to provide incremental funding from October 1, 2015 to March 31, 2016. The increase in obligation will allow FPD to carry out activities related to the current work plan.
- **Deloitte South Africa – Financial Management Capacity Building**
The contract for Deloitte ended on November 15, 2015. Deloitte submitted the following deliverables: financial capacity building curricula, mentoring and coaching review report and tools, gap analysis reports and capacity building action plans for the five ECHS partners, training workshop reports, and reports on technical assistance provided to the five partners. Details related to this deliverable are included under Component Two.
- **Human Sciences Research Council (HSRC) – Baseline Evaluation of Early Childhood Household Stimulation partners**
The contract for HSRC ended on November 30, 2015. HSRC submitted the final baseline assessment report, which was the final deliverable under the contract. Details related to this deliverable are included under Component Four.
- **Khulisa Management Services – Data Quality Assessment (DQAs) for USAID Orphans and Vulnerable Children and Youths (OVCY) Partners**
A follow-on contract for the period October 1 to November 30, 2015 was issued to Khulisa Management Services to disseminate the findings of the OVC DQAs. Khulisa Management Services submitted the following deliverables: dissemination report detailing the issues for follow-up, summary PowerPoint presentation for the OVCY forum, and the final DQA report. A summary of the DQA findings will be uploaded onto the CDS website (www.capacitydev.org). Details related to this the DQAs are included under Component Four.

Consultants

- **Rob Ian Cairns – Database Training and Support to OVCY Partners**
CDS issued a follow-on contract to Rob Ian Cairns for the period October 14, 2015, to March 31, 2016, to allow for continued training and support to the ECHS partners and

other OVCY partners on the use of the OVC database and Community Based Information Monitoring System (CBIMS) desktop. Details related to this consultancy are included under Component Four.

- **Tamara Braam – South Africa PEPFAR Gender Analysis**

A request for proposals (RFP), including the terms of reference approved by USAID, was posted on the [CDS website](#) and advertised on SANGONET on October 9, 2015. The Technical Evaluation Committee met on November 5, 2015, to review the two proposals received, and Tamara Braam was selected to conduct the South Africa PEPFAR Gender Analysis. A consultant agreement was issued from December 2, 2015, to March 31, 2016. Details related to this consultancy are included under Component Two.

- **Hasina Subedar – DREAMS Program Coordinator**

A consultant agreement was issued to Hasina Subedar to coordinate the DREAMS activities at the Department of Health (DOH) from October 6 to December 31, 2015. The original scope of work focused on one aspect of the DREAMS initiative: pre-exposure prophylaxis. CDS completed a modification to expand the scope of work to include coordination and management of additional activities during the start-up phase of the DREAMS initiative. Another modification was completed to extend the work to March 31, 2016. Details related to this consultancy are included under Component Three.

- **Karen Krakowitzer Consulting – Transition and Sustainability of OVCY Partners**

A follow-on consultant agreement was issued to Karen Krakowitzer Consulting from November 18, 2015, to March 31, 2016, to allow further training for ECHS and OVCY partners on transition and sustainability planning. Details related to this consultancy are included under Component Two.

- **Susana Roos – Development of Gender Mainstreaming and Training Materials**

The consultant agreement for Susana Roos ended on October 30, 2015. Susana submitted the following deliverables: the final curricula toolkit (as well as the previous two drafts), report on the gender mainstreaming curricula toolkit validation workshop, and the final report and PowerPoint presentation. Details related to this consultancy are included under Component Two.

- **Shamima Vawda (Systems Approach) – Evaluation of Vhutshilo 1 and 2 Curricula in South Africa**

The consultant agreement for Shamima Vawda ended on December 15, 2015. Shamima submitted the following deliverables: a presentation to project partners and final evaluation report. Details related to this consultancy are included under Component Four.

- **Supportive Referrals Initiative (SRI) Annual Program Statement (APS)**

In October 2015, in response to a request from USAID, CDS developed an APS for applicants to implement SRI. Through this unique intervention, CDS will provide context-specific technical and programmatic assistance, and supportive mentoring to nine OVCY implementing partners to improve referrals and support so that OVCY and caregivers can access sensitized HTC and HIV services in community and non-clinical settings.

The SRI APS was posted on the [CDS website](#) and advertised on SANGONET, Sunday Times, and Mail and Guardian on the October 23, 2015. Pre-submission workshops were held in Gauteng on November 10 and in KwaZulu-Natal (KZN) on November 11. CDS received nine applications. The Technical Evaluation Committee met on November 24, 2015, to review and evaluate the six applications that passed the compliance checks, and qualifying applications were shortlisted. FPD will implement two of the three SRI objectives (training and mentoring of child care workers, and strengthening referrals and linkages), and will submit a proposal and budget to CDS by January 11, 2016.

To deliver the third objective, HIV testing and counseling services, CDS requested meetings with the two shortlisted organizations, NICDAM and Humana People to People, to discuss their applications. CDS met with Humana People to People on December 15, 2015, advising the organization to revise its application to focus on additional areas of interest to PEPFAR. The organization will submit its revised application by January 11, 2016. CDS will meet with NICDAM in January 2016 due to the organization's limited availability.

Sub-recipient Monitoring

A CDS sub-recipient monitoring plan was drafted and is currently under review. The monitoring plan will provide guidance for monitoring sub-recipient effectiveness, efficiency, and their ability to prevent fraud, waste and abuse of funds. The plan will also assist to effectively monitor sub-recipients' adherence to FHI 360 and donor policies, procedures, rules, and regulations. The comprehensive monitoring plan covers finance, technical, program, M&E, and compliance issues.

CDS provided continued structured monitoring and support to all CDS sub-recipients, including follow-up on specific award conditions included in the grant agreements for Woz'obona, Kheth'Impilo, mothers2mothers, HOPE worldwide, The Valley Trust, and Tshwaranang Legal Advocacy Centre (TLAC).

Component Two: Institutional Capacity Development of Indigenous Organizations

The activities reported under this component are responsive to CDS strategic objective two and aim to increase the technical and organizational capacity of South African NGOs.

TLAC: Violence against Women (VAW) Study

CDS, through a sub award to TLAC, is delivering a “Community Response Addressing Violence against Women” in the Ga-Segonyana local municipality in Northern Cape Province. The activity has two phases: the first phase is a situational analysis aimed at understanding the magnitude of alcohol abuse and violence against women, the second phase is developing and piloting a community-based approach to address alcohol-related gender-based violence (GBV).

TLAC completed Phase 1 of the research study in November 2015 and submitted a final report for CDS review and approval. The study showed that excessive alcohol use is linked to risk-taking and poor decision-making, leading to risky sexual behavior including multiple sexual partners, inconsistent condom use, rape and transactional sex – all of which increase vulnerability to HIV. Excessive consumption of alcohol was also linked to failure to adhere to treatment. Underage drinking emerged as a serious problem because of its impact on young people’s lives, related to failing grades, school dropout, death and injury, early sexual debut, multiple concurrent partnerships, and unprotected sex and violence. Alcohol use was associated with all forms of interpersonal violence and particularly domestic violence. Violence and/or the threat of violence constrains women’s choices and autonomy when engaging in sexual activity, resulting in poor health outcomes such as unplanned pregnancy and sexually-transmitted infections.

The findings from Phase 1 will inform the design of the pilot intervention in Phase 2. The CDS technical unit, in collaboration with the MER unit, is currently providing technical assistance to TLAC to develop the Phase 2 logical framework and budget.

Gender Mainstreaming Curricula

CDS held a validation workshop on the Gender Mainstreaming Curricula Toolkit (comprised of modules 101, 201 and 301¹) with ECHS partner HOPE worldwide on October 21, 2015. The workshop served to:

- Provide a background to the development of the curricula toolkit
- Share research findings of the gender analysis at household level (discussed in more detail in the section below)
- Introduce the curricula toolkit material for a review of content, applicability and format
- Discuss implementation of the curricula toolkit
- Introduce practical learning activities as samples of experiential learning
- Share lessons learned

HOPE worldwide provided useful feedback on the content and format of the toolkit, such as making it simpler and appropriate for use by a home visitor, using more visuals and graphics, and including more examples of gender mainstreaming in the context of ECHS. This feedback was incorporated into a revision of the toolkit.

The Gender Mainstreaming Curricula Toolkit will be piloted and used to train ECHS partners in the next quarter.

South Africa PEPFAR Gender Analysis

At the request of USAID, CDS is conducting a gender analysis on all PEPFAR programs in South Africa. The purpose of the gender analysis is to review key gender issues and gender-based constraints in South Africa, assess the institutional context supporting gender integration into the PEPFAR country program, and offer conclusions and recommendations to strengthen the PEPFAR response in South Africa. The gender analysis seeks to address the following objectives:

- Identify the gender-based constraints and opportunities related to equitable access to, and participation in, HIV programs and services
- Identify cultural and social constraints to women's empowerment
- Describe gender differences and the relevance of gender roles and power dynamics in the South African context
- Understand how women and men are engaging in community and public life
- Identify patterns of power and decision-making displayed by women and men
- Identify strategies and approaches that PEPFAR can use to improve its programs and

¹ Module 101: HIV and AIDS in South Africa; Module 201: Basic gender concepts and the link between HIV and Gender; Module 301: Gender mainstreaming into the project cycle of the ECHS program

promote gender equality, and improve the health and well-being of women, men, girls and boys – particularly with regard to strengthening adolescent girls and young women’s abilities to protect themselves

- Provide key recommendations that identify and prioritize how the PEPFAR country team can integrate the PEPFAR gender strategies and the Women, Girls and Gender Equality elements into existing programs and strategies

The qualitative component of the gender analysis is being led by CDS consultant, Tamara Braam, who will collect data through conducting interviews and format data to facilitate analysis. When the gender analysis is complete, USAID and CDS will share the final report with stakeholders, such as participating communities, organizations and agencies.

Early Childhood Household Stimulation

During this reporting period, the ECHS partners reported the following progress and plans for the next quarter:

Table 3: ECHS Partner Activity Update (October to December 2015)

Partner	Progress (October to December 2015)	Plans for the Next Quarter (January to March 2016)
HOPE worldwide	<ul style="list-style-type: none"> • Built capacity of 23 home visitors through in-house and educational training fund (ETF)-funded training (National Qualifications Framework levels 3 & 4) • Enrolled 75% of target number of children • Secured a household economic strengthening project for 120 women in the ECHS program with another donor, which will be used for cost share purposes 	<ul style="list-style-type: none"> • Set up community toy and book libraries • Conduct a toy making workshop for home visitors and caregivers • Increase the number of referrals • Continue home visits and parent support groups • Resolve CBIMS challenges • Implement capacity development plans
Woz’obona	<ul style="list-style-type: none"> • A total of 830 households were enrolled into the program • 273 parents and guardians participated in stimulation activities at household level and continue to stimulate children during the week, carrying on the activities they learned from the home visitors • The 16 newly-recruited home visitors were trained on: <ul style="list-style-type: none"> – how to facilitate ECHS 	<ul style="list-style-type: none"> • Continue with ECHS activities for children aged 0-5 years • Increase focus on HIV testing and counselling (HTC) activities in order to contribute to the PEPFAR and UNAIDS 90-90-90 goals • Increase participation of caregivers in stimulation activities • Produce a simple booklet for households on ECHS activities which will cover:

	<ul style="list-style-type: none"> – the use of data collection and reporting tools 	<ul style="list-style-type: none"> – Health – Nutrition – Parenting – Child protection and safety • Early childhood stimulation
The Valley Trust	<ul style="list-style-type: none"> • Established a toy and book library for both caregivers and children in KwaNgcolosi and Embo • Began the training of community facilitators as accredited child and youth care workers 	<ul style="list-style-type: none"> • Recruitment of an additional six community facilitators to increase service delivery • Roll out a psycho-social support training for both ECHS office and field-based staff
Kheth'Impilo	<ul style="list-style-type: none"> • 1,091 caregivers and 1,531 children are part of the 192 Circles of Support • Completed the training manual to train home visitors in Circles of Support • Trained the new home visitors on how to run Circles of Support and they are now confident in the intervention 	<ul style="list-style-type: none"> • Strengthen the M&E system through quality improvement plans and strategies • Develop and strengthen partnership with municipalities, Department of Social Development, and other relevant partners to integrate ECHS as part of the mandate to support vulnerable households • Recruit staff to replace those who resigned and re-contract the existing staff • Recruit additional children below five years • Procure equipment for electronic data capturing • Develop an M&E app to improve data collection • Revise the implementation plans and budgets
m2m	<ul style="list-style-type: none"> • 11 family mentors trained, oriented and deployed in: <ul style="list-style-type: none"> – Supporting children with disabilities (in partnership with the DOH) – First aid – Toy making – Child rights • Comprehensive Family Folders (beneficiary files) completed and rolled out • Successfully linked clients for relevant support services 	<ul style="list-style-type: none"> • Continue with family mentor coaching and mentorship • Implementation of capacity support plans/targeted recommendations (as per completed CDS assessments) • Continue with screening and set up of service level agreements with selected community early childhood education (ECD) service providers for technical assistance support • Finalize project year two plans

Technical Assessment of ECHS Partners

In August to November 2015 when the technical assessments were conducted, most ECHS partners had not started implementation. Performance across all eleven ECHS domains as shown in the charts below was found to be below the ECHS gold standard reference mark (a score of two). Common gaps identified across all five partners included: limited understanding of early childhood stimulation; inadequate/no training for caregivers; weak supervision mechanisms for home visitors; lack of gender mainstreaming and HIV prevention integration into the ECHS program; inadequate referrals and tracking systems; and non-alignment of existing tools to ECHS. Based on the above findings, CDS will provide tailored technical assistance and training to address gaps. In addition, training on mainstreaming gender into HIV and AIDS will be rolled out in the subsequent quarter for all partner.

Figure 1: Hope worldwide Technical Capacity Assessment Scores

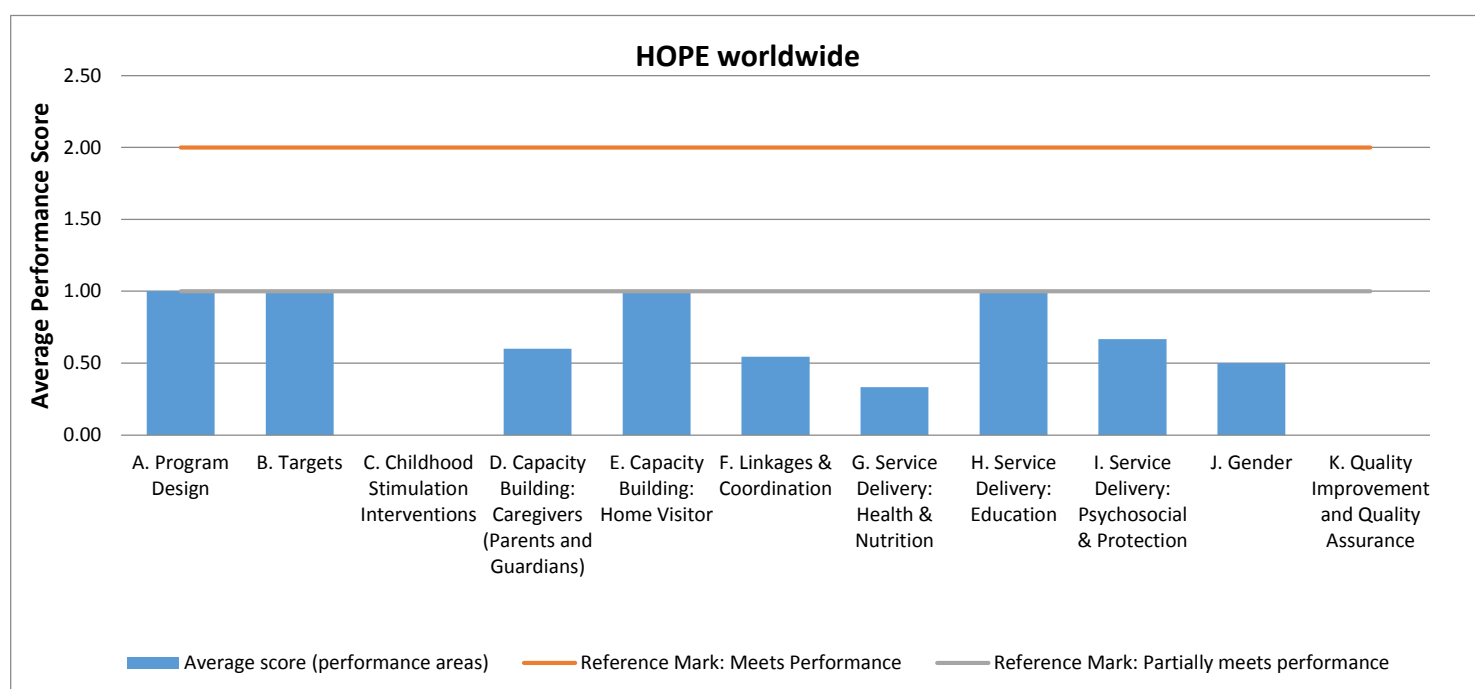


Figure 2: Woz'obona Technical Capacity Assessment Score

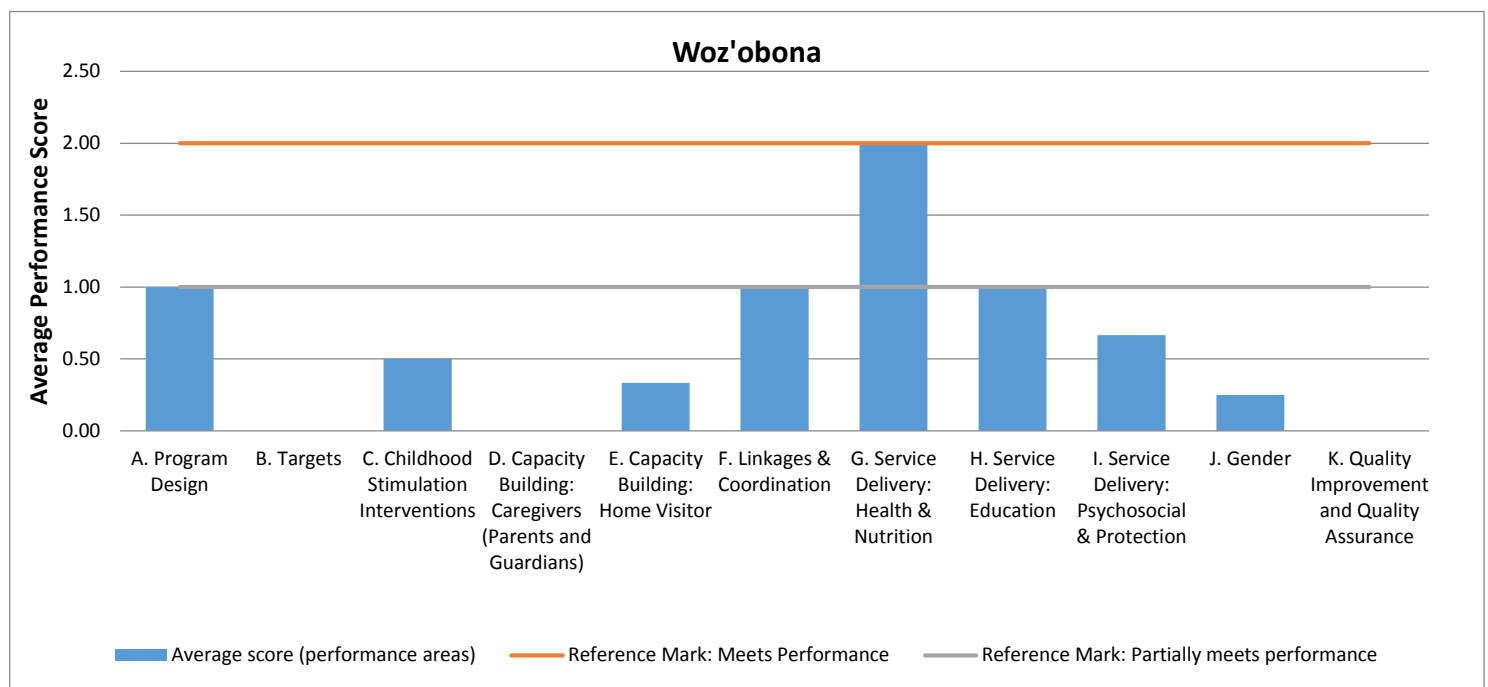


Figure 3: The Valley Trust Technical Capacity Assessment Score

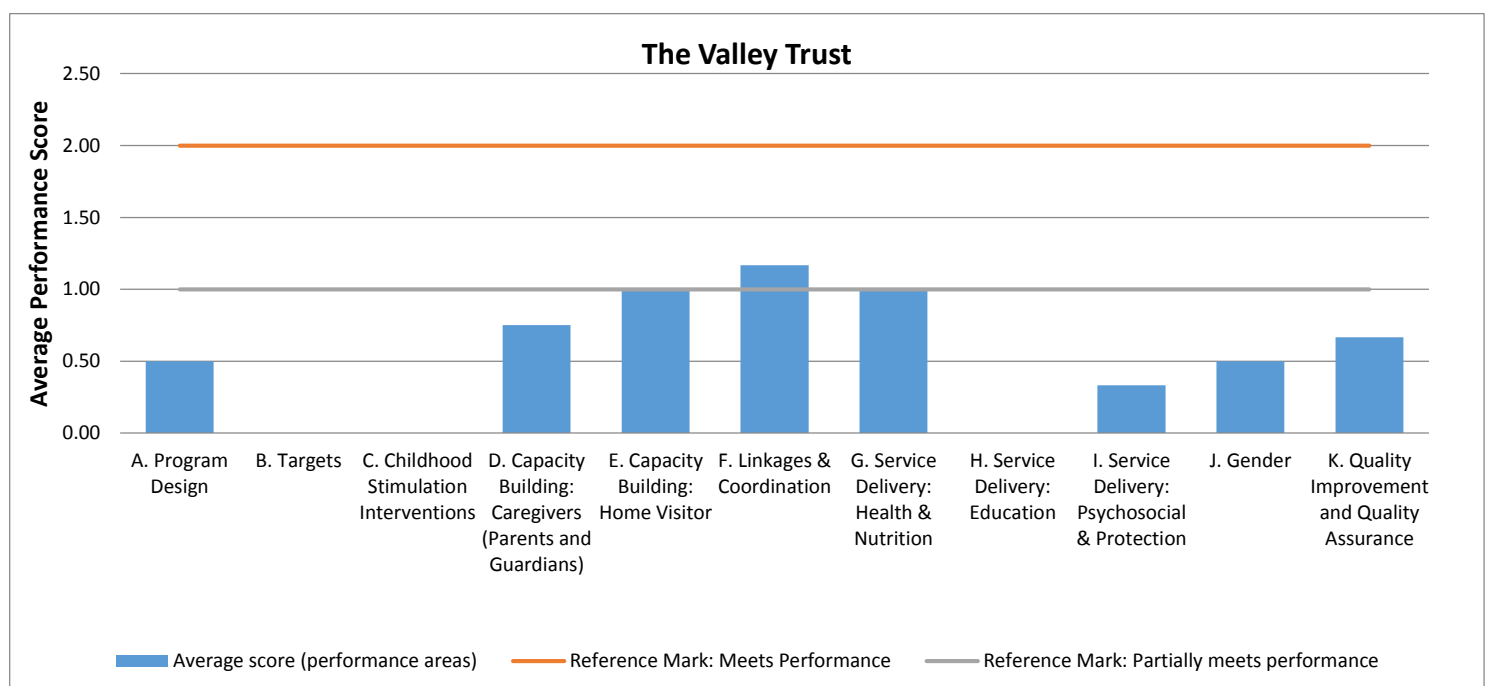


Figure 4: Kheth'Impilo Technical Capacity Assessment Score

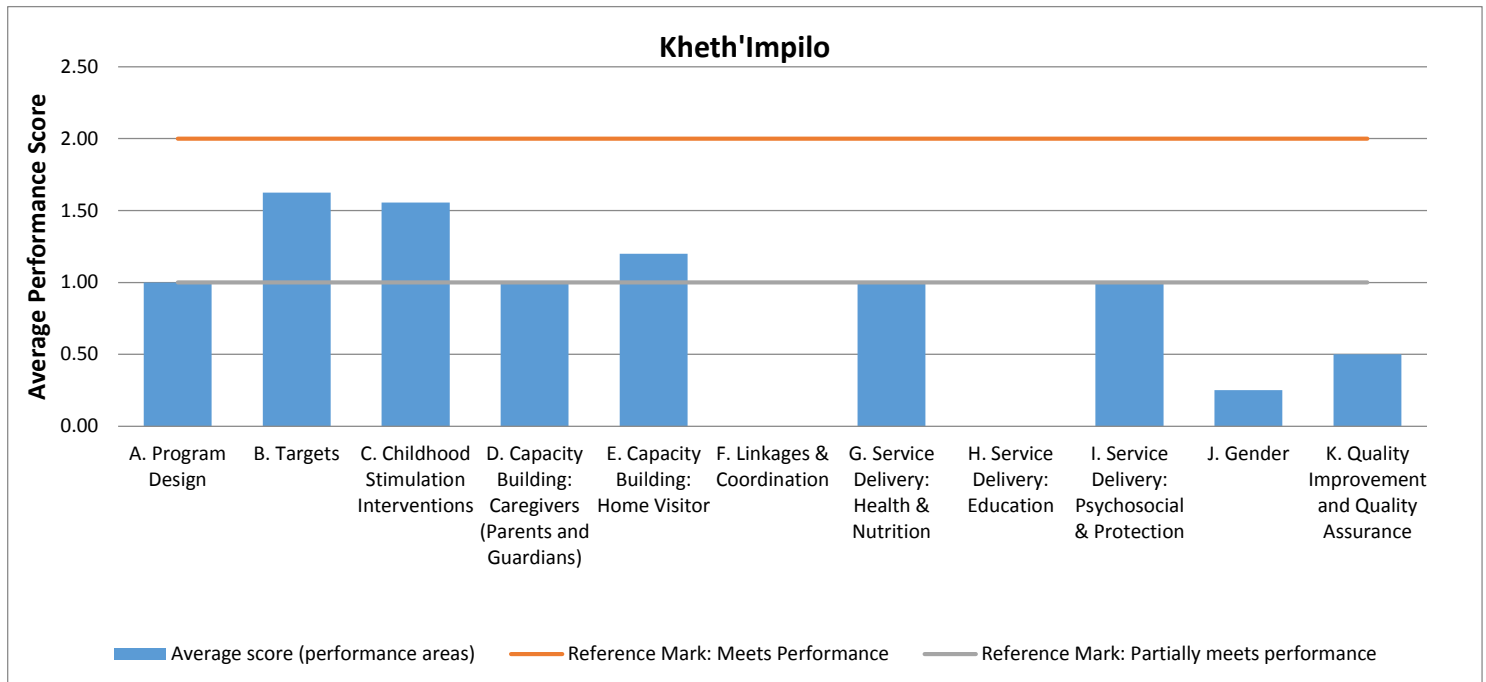
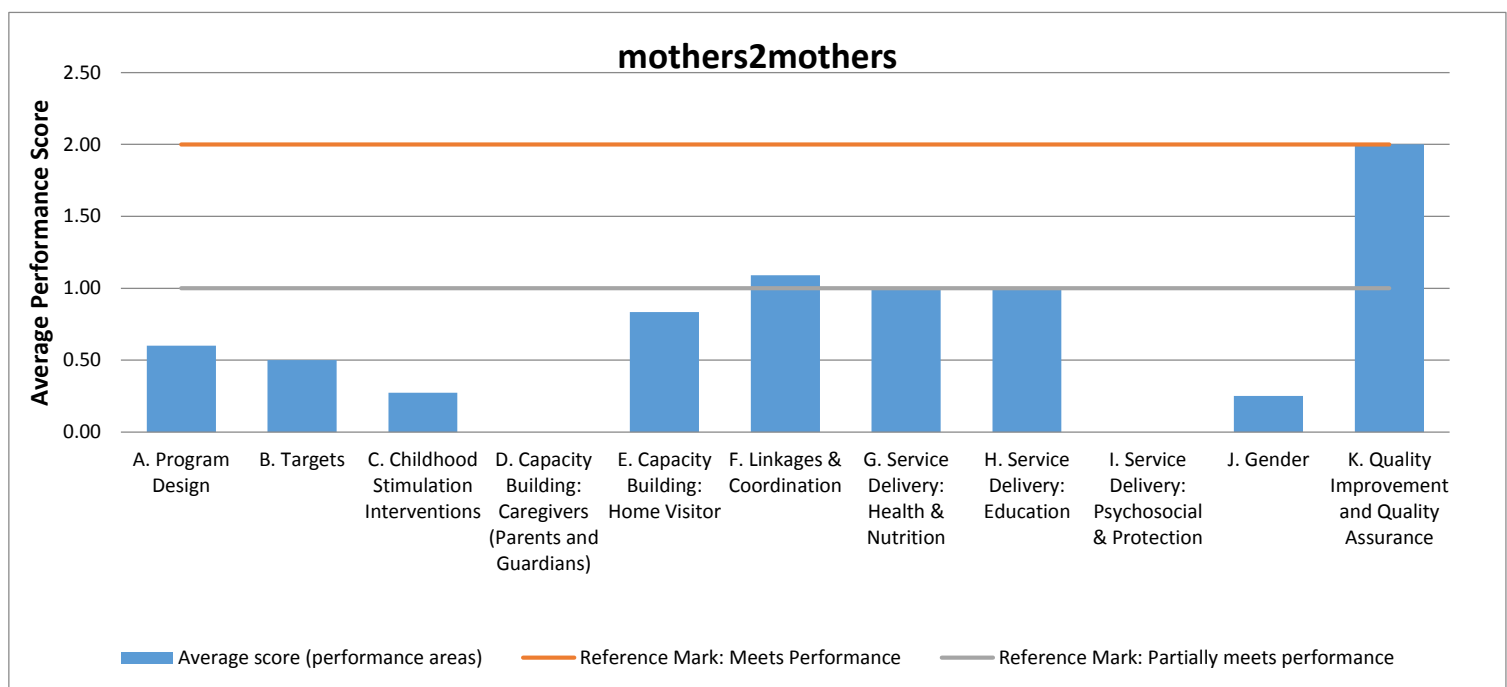


Figure 5: mothers2mothers Technical Capacity Assessment Score



Toy Making Marketplace

CDS partners are integrating toy making activities into their ECHS interventions. To facilitate this, on November 17, 2015, ten carefully selected organizations exhibited their toys as well as their toy making and stimulation training curricula at a toy making marketplace organized by CDS at the FHI 360 offices. The participating organizations included Early Learning Resource Unit, Greater Soweto Association for Early Childhood Development, and Brainboosters, among others. All five ECHS partners participated by either marketing their own toys or engaging with suppliers and training organizations. The event facilitated networking among ECHS partners and exhibitors, promoting knowledge-sharing and information related to affordable and accessible methods to stimulate children.

ECHS partners are responsible for engaging with exhibitors as potential service providers based on what type of toy making intervention they require. CDS will follow up with partners to provide necessary assistance, and document outcomes of the event in January 2016.



ECHS partners engage with exhibitors to discuss toy making and strategies for sharing toy making programs with others

ECHS Partner Models

CDS worked with its five partners to update and consolidated their ECHS models. Each model summarizes the approach and implementing framework used to deliver a customized approach to ECHS for that particular partner.

CDS, along with four of its ECHS partners, presented the program to Department of Social Development (DSD) officials attending a National Child Protection Forum in November 2015. The presentation highlighted progress, challenges and lessons learned regarding implementing ECD outside established centers. CDS and DSD plan to visit selected ECHS partner organizations in the next reporting period. National, provincial and local level DSD officials will be invited to join these visits to enhance their knowledge of, and involvement in, current ECHS programs, and contribute to the standardization of ECHS approaches.

ECHS Minimum Package

An ECHS minimum package was developed this quarter by CDS to capture the core, minimum components and interventions which should be part of all ECHS programs. The minimum package is currently in the format of an assessment tool with six domains: health, early childhood stimulation, nutrition, parenting and caregiving, social services, and community support. This tool can be utilized to assess households, caregivers or organizational programs. It has the capacity to be expanded and adapted for use by implementing organizations, funders, or assessors.

CDS is currently gathering feedback on the minimum package from ECHS implementing partners, consortium partners, and other relevant organizations. The tool will be finalized and rolled out for use by CDS and its partners in the next reporting period.

Review of Parenting and Caregiving Programs

Following a request from DSD to review existing parenting and caregiving programs in South Africa, USAID requested CDS to develop terms of reference for the review. The purpose of the review is to:

- Provide an analysis of existing curricula in South Africa
- Identify curricula that can be utilized in building the capacity of local organizations to support parents and caregivers in providing appropriate child stimulation
- Identify existing best practices to use in developing effective programs for caregivers

CDS developed a draft terms of reference in November 2015 through a consultative process with DSD and USAID. After USAID's approval, the final terms of reference will be advertised and posted on the CDS website.

HIV Prevention

OVCY Partner HIV Testing and Counselling (HTC) Training

At the request of USAID, CDS provided HIV pre- and post-test counselling training to five OVCY partners, using a training course accredited by the South African Qualification Association. The training was adapted to suit the needs and comprehension level of the care workers. FPD, as the consortium partner with extensive training capabilities, facilitated the training to provide OVCY partner care workers with basic counselling skills, as well as knowledge and understanding of HIV prevention and gender issues. This training was also an opportunity to improve partners' understanding of the importance of referrals and linkages for HIV-related clinical services.

Participants completed a pre- and post-test questionnaire to measure change in knowledge and understanding of HIV and counselling principles and methods. The results of the pre- and post-test assessments showed an average increase in knowledge of 15%. While participants indicated limited knowledge of HIV prior to the course, they shared that they are now confident to talk about HIV and refer clients for HTC and related services.

Table 4: OVCY Partner HTC Training

Partner	Province	District	Number of participants	Proposed training dates
1. NACCW	Gauteng	City of Johannesburg and Ekurhuleni	30	October 14-16, 2015
2. NACOSA	KZN	eThekweni and UMkhanyakude	20	October 21-23, 2015
3. Future Families	Gauteng	Tshwane	28	October 26-28, 2015
4. CINDI	KZN	UMgungundlovu	21	November 9-11, 2015
5. Childline Mpumalanga	Mpumalanga	Enhlanzeni and Nkangala	22	November 16-18, 2015

Based on the outcomes of the training, CDS has the following recommendations:

- The OVCY partners should consider establishing a system to provide follow-up support to the trained care workers in order to sustain momentum.
- Follow-up or refresher training should be considered, particularly related to the practical counselling skills.

- FPD should revise and adapt the current training manual to facilitate better understanding among non-clinical learners.



The NACCW Counselling and testing training participants

DREAMS Initiative

The objective of DREAMS is to help girls **Develop** into **Resilient, Empowered, AIDS-free, Mentored** and **Safe** women by delivering a core package of interventions which combine evidence-based approaches beyond the health sector. This package includes interventions that address the direct and indirect structural drivers that can increase girls' HIV risk, such as poverty, gender inequality, gender-based violence and a lack of education. CDS was selected as a technical partner to ensure the successful implementation of this two-year initiative, and will support the achievement of the DREAMS goal of reducing new HIV infections among adolescent girls and young women (AGYW) between the ages of 15-24 years by 40% within two years.

Table 5 below shows the interventions CDS will implement in three of the five priority districts, in two provinces.

Table 5: CDS DREAMS Interventions and Geographic Coverage

Intervention	Target Groups	Province	Districts
Condom Promotion and Provision	<ul style="list-style-type: none"> - In school youth (10-19 years) - Out of school youth (10-19 years) - Young women - Male sex partners 	KZN	eThekwini UMkhanyakude
Community Mobilization and Social Norms Change	<ul style="list-style-type: none"> - General population 	KZN	eThekwini
HIV Testing and Counselling	<ul style="list-style-type: none"> - Out of school youth (10-19 years) - Young women - Male sex partners 	KZN	eThekwini UMkhanyakude
School-based HIV and Violence Prevention	<ul style="list-style-type: none"> - In school youth (10-19 years) 	Gauteng	City of Johannesburg (Regions A,E & G)
Post Violence Care and Psychosocial Support	<ul style="list-style-type: none"> - General population 	KZN	eThekwini UMkhanyakude
		Gauteng	City of Johannesburg (Regions A,D,E & G)
Parents/Caregiver Programs (Technical partner)	<ul style="list-style-type: none"> - OVC aged 15-19 years 	KZN	eThekwini UMkhanyakude UMgungundlovu
		Gauteng	City of Johannesburg (Regions A,D,E & G)

CDS and other DREAMS partners attended a USAID/CDC partner meeting to discuss the proposed DREAMS geographical coverage, targets and indicators on October 6, 2015. Through a consultative process with SAG and USAID, CDS is in the process of developing the following two APSs to identify service providers:

- 1) Community Gender-Based Violence and HIV Prevention Initiative for Adolescent Girls and Young Women (aged 10-24 years)
- 2) School-based HIV, Gender-Based Violence Prevention and Condom Program for Adolescent Girls and Young Women (aged 10-24 years)

CDS also attended three KZN Provincial Steering Committee meetings on DREAMS, organized by the Office of the Premier in KZN to plan and discuss implementation strategies, including the integration of DREAMS into the [Operation Sukuma Sakhe](#) program.² In the next quarter, through these engagements and consultations, all DREAMS partners will be involved in:

- District workshops to assist with unpacking of the interventions and reaching consensus on implementation mechanisms
- Development of district implementation plans incorporating DREAMS activities
- Finalization of memoranda of understanding between SAG and DREAMS partners

SASA! Training

The CDS Chief of Party and Training and Capacity Building Manager: Technical attended a five-day SASA! training in Kampala, Uganda, conducted by Raising Voices. The training, held from November 30 to December 4, 2015, brought together 21 participants representing DREAMS partners from Kenya, Malawi, Tanzania, Zambia, Swaziland, South Africa and Uganda to learn the fundamentals of the SASA! approach.

SASA! (Start, Awareness, Support, Action) is a cost-effective, sustainable methodology designed by Raising Voices to address violence against women and their vulnerability to HIV. SASA! addresses power, violence and HIV and AIDS. It explores power: what it is; who has it; how is it used; how it is abused; and how power dynamics between women and men can change community perceptions and practices around violence against women. SASA! is organized into four phases that influence community norms, and is based on the principle that every person - male and female - can do something to prevent violence against women.

The training introduced the DREAMS partners to an evidence-based community mobilization methodology that facilitates reduction of violence and HIV infection among AGYW. Partners developed ideas on adapting SASA! to their own context and drafted an action plan for implementing the SASA! start phase. Lessons learned during the SASA! training include:

- Activists should include influential people in communities in order to facilitate quicker buy-in into the SASA! approach

² [Operation Sukuma Sakhe](http://www.kznonline.gov.za/index.php?option=com_content&view=article&id=78&Itemid=71) is an integrated, interdepartmental approach to service delivery in KZN. Read more at: http://www.kznonline.gov.za/index.php?option=com_content&view=article&id=78&Itemid=71

- The program engages communities in their context, including bars, salons and workshops, which promotes integration into daily life and activities
- The phased-in approach used allows for continuous change and community empowerment

Areas for consideration for implementing the SASA! approach include:

- Full implementation requires a minimum of three years
- The program may require the adaptation of some activities to suit the South African context
- The toolkit would need to be translated into the indigenous languages used in the selected provinces

Implementing organizations would need rigorous training to understand the approach and scale it up rapidly. As a follow up to this training, CDS will conduct workshops on the SASA! approach to other South African DREAMS partners in collaboration with Wits Reproductive Health and HIV Institute in January and February 2016.

Organizational Development

Digital Capacity Assessment Tool (DCAT)

CDS completed the development and user testing of the DCAT. The DCAT has now been migrated onto the FHI 360 server to facilitate improved accessibility and management. The tool was tested and validated by the FHI 360 information technology support team to ensure compatibility and functionality. CDS is exploring linking the DCAT with the CDS website.

CDS met with FPD on December 10, 2015 to review the content of the DCAT and discuss improvements and updates needed. The improvements to the tool and user guidelines will be completed by January 30, 2016.

Curricula Development

CDS has completed 201 materials for all five domains included in the curriculum (Human Resource Management, Organizational Mainstreaming of Gender, M&E, Governance, and Leadership). The curriculum design and layout was standardized to ensure professionalism and uniformity among the different modules.

The curriculum piloting will be completed by the end of February 2016, and will be aligned to partners' capacity development plans.

Table 6: Organizational Capacity Development Curricula Piloting Plan

Curricula	Pilot Partner	Dates	Location
Gender (Organisational Mainstreaming)	mothers2mothers	TBC	m2m office – Brooklyn, Gauteng
Leadership 101 & 201	Woz’obona	February 23-24, 2016	Woz’obona office – Jane Furse, Limpopo
Governance 101 & 201	Woz’obona	February 25-26, 2016	Woz’obona office – Jane Furse, Limpopo
Human Resource Management	HOPE worldwide	January 25-27, 2016	HOPE worldwide office – Randburg, Gauteng

Organizational Development Partner Assessments and Capacity Development Plans

In the previous quarter, DCAT was utilized to assess the capacity of partners across five domains. The baseline capacity assessment reports and capacity development plans for the five ECHS partners were finalized this quarter. The table below shows the ECHS partner capacity assessment baseline scores.

Table 7: ECHS Partner Organizational Capacity Assessment Baseline Scores

Partner	Assessment Date	Domain Scores					Partner Average
		Governance	Leadership	Human Resource Management	Strategic Planning	Sustainability	
Hope worldwide	August 11 & September 17	3.17	3.13	2.08	2.0	2.0	2.47
The Valley Trust	September 19	3.67	3.13	2.56	3.0	3.75	3.2
Kheth’Impilo	August 21	3.67	3.75	3.73	3.67	3.1	3.58
m2m	September 8	3.83	4.0	3.76	3.67	3.3	3.7
Woz’obona	September 2	3.0	2.88	2.02	2.33	1.73	2.39

The partner capacity development plans developed this quarter indicate the prioritized areas for CDS support, proposed interventions, required outputs, and deliverables. Each partner’s priority capacity development areas will be addressed through training based on the Organizational Development Curriculum, as well as workshops, mentoring, technical assistance, and the provision of tools and standard operating procedures. The partner capacity development plans are specific to each partner’s developmental requirements.

The organizational development partner assessment matrix, which highlights all cross cutting priority capacity issues, was also developed this quarter and will be used to identify common needs and inform support, including joint training and technical assistance, as well as share best practice in that area. The Sustainability, Strategic Planning, Leadership and Human Resource Management domains were identified as cross-cutting priority capacity development issues among all the ECHS partners and will be a focus of CDS support in the next reporting period.

Organizational Support for Centre for Economic Governance & AIDS in Africa (CEGAA)

At the request of USAID, CDS has also provided organizational development support to CEGAA, which is not a sub awardee of the project. This quarter CEGAA's assessment report and capacity development plan were finalized. The capacity development plan addresses all areas of development to strengthen CEGAA's strategic and operational processes, as well as organizational activities relating to sustainability.

Table 8: CEGAA Organizational Capacity Assessment Baseline Scores

Partner	Assessment Date	Domain Scores					Partner Average
		Governance	Leadership	Human Resource Management	Strategic Planning	Sustainability	
Centre for Economic Governance & AIDS in Africa	August 18 & 20	3.0	3.13	2.44	3.0	2.63	2.84

NGO Sustainability Support

Through a contract with Karen Krakowitzer Consulting, CDS provided a sustainability planning and resource mobilization support to The Valley Trust, Woz'obona and CEGAA. In addition, support was provided to Childline Limpopo for private-partner linkages.

An introductory communication was shared with the relevant partners, outlining the purpose and scope of work related to sustainability and resource mobilization. Achievements for this reporting period and next steps for each partner include:

- **The Valley Trust and Woz'obona**
 - Initial discussions on planned activities and timelines took place
 - A sustainability workshop for Woz'obona will be held on January 19, 2016

- **CEGAA**
 - A kick-off meeting was held with CEGAA on November 24, 2015
 - A sustainability workshop will be held on January 28, 2016

- **Childline Limpopo**
 - A kick-off meeting was held on December 4, 2015
 - A marketing and communication workshop was conducted December 9, 2015, at the Childline Limpopo offices
 - A photo journalist has been appointed and photography work to review and develop marketing materials commenced.
 - Once marketing materials are completed, KKC will support Childline Limpopo on private sector linkages.

PEPFAR Annual Training Calendar

USAID has requested CDS to provide training to other PEPFAR-funded NGOs. CDS subsequently developed an annual training calendar. The calendar includes two training sessions per domain in 2016. PEPFAR-funded NGOs will select which domains are relevant to their needs. Training will be offered in the following domains:

- Gender (organizational level)
- Gender (household level)
- Sustainability
- Human Resource Management
- Leadership
- Governance
- Monitoring and Evaluation

Component Three A: Capacity Building Assistance to SAG

CDS' capacity development assistance to SAG focuses on the recruitment, placement, monitoring, and support of Technical Advisors (TAs) to SAG departments.

Recruitment and Placement of SAG Technical Advisors

Since the start of the project, SAG, through USAID, has requested the recruitment and secondment of nine TAs) from CDS. During this reporting period, CDS worked on the recruitment of four TAs: three for DOH and one for the National Treasury. The three TAs for DOH are being recruited to support the following programmatic areas: a) HIV Prevention, b) High Transmission Area (HTA) Mapping and Key Population (KP) Programs, and c) Condom Programming. The TA to the National Treasury will work on Conditional Grants.

TA on HIV Prevention

In the previous quarter, CDS conducted a thorough recruitment process and identified a highly qualified candidate for this TA position. On October 23, 2015, a selection memo requesting approval of the identified candidate was presented to USAID and approval was received on November 20, 2015. The announcement letter to DOH was sent on November 23, 2015. CDS is still in the process of finalizing the employment contract with the candidate.

TA on HTA

In the previous quarter, CDS conducted a thorough recruitment process and identified a highly qualified candidate for this TA position. A selection memo recommending the suitable candidate for the TA was submitted to USAID on October 30, 2015 and the approval was granted on November 20, 2015. Unfortunately, the selected candidate is no longer available and the recruitment process will be recommenced early in the next reporting period.

TA on Condom Programming

Three candidates were interviewed on October 2, 2015 and a highly qualified candidate was selected by the recruitment panel. The selection memo requesting approval for the appointment of the selected candidate was sent to USAID on October 25, 2015, and approval was granted on November 20, 2015. The appointment was finalized in December 2015 and technical progress made by this TA will be reported in the next quarter.

TA on Conditional Grants

The National Treasury submitted the draft terms of reference on October 15, 2015. After several revisions by CDS, these were approved by USAID on November 27, 2015. The position was advertised in the national newspapers on November 8, 2015 and 33 applications were received on November 20, 2015. In collaboration with National Treasury, prospective interviewees were shortlisted and interviews were conducted on December 10, 2015. A

qualified candidate was identified and will be recommended to USAID in the next reporting period.

Manage and Support TAs Seconded to SAG

TA on Isibindi Project

In this reporting period, the TA achieved the following:

- Facilitated implementation of and reporting on the plan to improve the financial systems nationally.
- Completed the pilot on the standardization and harmonization of the M&E processes between Isibindi Project and CBIMS.
- Facilitated the finalization of the terms of reference for the review of the Isibindi project.
- Contributed to an increase in the number of OVC reached, from 130,182 to 291,827 (44.6%), which is 20.8% of the target (1,400,000).
- Facilitated the learner support and development of 2014/2015 Grade 12 learners and reached 1,214 (30.4%) of the 3,997 Isibindi beneficiaries in eight provinces.
- Fast-tracked the certification of 587 (50.4%) of the 1,173 child and youth care workers by addressing barriers to their certification by the HWSETA.
- Increased the uptake of the training of child and youth care workers by 34.7% - from 2,875 to 6,345.

TA on ECD

In this reporting period, the TA achieved the following:

- Contributed to the approval of the first ECD Policy in South Africa by Cabinet on 9 December 2015.
- Supported the dissemination processes of the draft ECD policy to all major stakeholders
- Facilitated a link and collaboration mechanism between the provincial DSD ECD Coordinators and the ECHS partners.
- Mobilized funding from UNICEF to sponsor the research on non-centre-based ECD models.

Technical Advisor on Data Use for Children's Welfare (DUCW)

In this reporting period, the TA achieved the following:

- Contributed to the acquisition of sites for future ECD centers and identification of potential funding partners for ECD sites.

However, the Technical Advisor tendered her resignation on November 30, 2015 and served notice until the end of December 2015. CDS is waiting for further direction from SAG.

TA on DREAMS

In this reporting period, the TA achieved the following:

- Contributed to the successful start-up and launch of DREAMS by establishing relevant coordination and management structures and processes at national, provincial and district level.
- Enhanced DOH involvement and participation in DREAMS.

Development and Implementation of the Performance Management Framework (PMF)

The implementation of the PMF continued this quarter. One of the major PMF activities are the monthly management meetings with DSD Technical Supervisors and the TAs. The purpose of the meetings is to monitor the progress of the technical assistance provided to the department and to create an enabling environment for implementation. During the last quarter, four management meetings were held; two with each of the Technical Supervisors for the TAs on Isibindi Project and ECD. However, these meetings are complemented by the fortnightly supervisory meetings with the TAs and monthly TA meetings.

Component Three B: Nutrition Assessment, Counselling and Support (NACS)

NACS is intended to strengthen the SAG/DOH and USAID/PEPFAR OVC, treatment, and care and support implementing partners' capacity to deliver a comprehensive set of nutrition interventions to improve health outcomes of vulnerable populations.

NACS activities were incorporated into the CDS project on November 1, 2015 following the close-out of Nutrition Assessment, Counselling and Support Capable Partners (NACSCAP), which was the previous funding mechanism for these activities. In line with PEPFAR 3.0, NACS activities under CDS will continue to support the SAG, PEPFAR partners, and NGOs to deliver a comprehensive package of nutrition interventions that contribute to reaching the UNAIDS 90-90-90 goals. Standard nutritional assessment to identify malnourished clients, standard approaches to nutritional counselling, and dietary supplementation and other support together contribute to higher quality and more comprehensive HIV care, thereby enhancing the returns on HIV treatment investments. In addition, NACS services will contribute to improving adherence to treatment and retention in care: studies show that undernourished people living with HIV are two to six times more likely to die at initiation of anti-retroviral therapy than those who are well-nourished.³ This demonstrates that good nutrition is a composite part of strengthening the immune system.

Policy/Advocacy for National Multisectoral Approach to Reducing Malnutrition

The NACS multi-sectoral approach calls for various stakeholders to clarify their roles in nutrition service provision. These include communities, outreach teams, primary health care clinics, district health teams, social development, agriculture and many others. The first strategic objective for NACS is to address food and nutrition security. During this reporting period, CDS staff attended the following policy, advocacy and multisectoral meetings:

Table 9: Policy, Advocacy and Multi-sectoral Meetings Attended

Meeting	Date & Place	Meeting Outcomes
Severe Acute Malnutrition (SAM) multi-sectoral advocacy meeting	October 13-16, 2015, East London	These quarterly meetings are used to analyze and report on childhood mortality data, while also determining causes of death and modifiable factors which may prevent childhood deaths. There was a provincial request for CDS

³ [Ethiop Med J](#). 2010 Jan; 48(1):1-10; [American Journal Clinical Nutrition](#). 2010 Apr; 91(4): 1138S–1142S; UNAIDS Food and Nutrition Guidance Note, May 2014; Koethe, John R and Douglas C Heimburger, Nutritional aspects of HIV-associated wasting in sub-Saharan Africa.

Meeting	Date & Place	Meeting Outcomes
		technical assistance in developing a SAM implementation plan
SAM multi-sectoral advocacy meeting	October 22-23, 2015, Northern Cape	All stakeholders identified the need for multi-sectoral collaboration, establishment of core functions and indicators as a framework for service delivery
Food and Nutrition Security Meeting	October 30, 2015 Pretoria, Gauteng	Continued review of final draft of National Food and Nutrition Security implementation plan; inclusion of nutrition in the plan and all the commissions
Meeting with DOH on SAM	November 4, 2015 National DOH, Pretoria, Gauteng	Analysis of SAM Case Fatality Rates by province down to the districts; results were coded (green, yellow, orange and red) to facilitate structured interventions. Identification of Thabo Mofutsanyane as one of the priority district for CDS to conduct a three-day SAM training
Meeting to Normalize Breastfeeding	November 6, 2015, National DOH, Pretoria, Gauteng	Buy in and commitment by DOH; meeting chaired by DDG Partners assigned a task of forming a coalition to strengthen nutrition at early age.
Advocacy meeting with Chief Director of Primary Healthcare in Mpumalanga Province	November 16, 2015 Nelspruit	CDS introduced to the Chief Director Chief director briefed and updated on activities supported by CDS in Mpumalanga Director and Nutrition Manager assigned to introduce the CDS team to the sub-district health management teams, to facilitate participation in the meetings.
Development of SAM Implementation Plans	November, 24-27, 2015, Thabo Mofutsanyana	The Thabo Mofutsanyane district is burdened with high rates of malnutrition and high case fatality rates for Severe Acute Malnutrition. Three days' workshop led by Dr Kauchali to develop SAM implementation plan Commitment by district management who presented a situational analysis on nutrition and child health. SAM plans are work in progress

Meeting	Date & Place	Meeting Outcomes
Meeting with Ulundi Sub-district, Zululand	December 4, 2015, Ulundi	Presentation of nutrition situation in Ulundi with special focus on SAM in children under 5yrs Nomination of sites for NACS support.
National Food and Nutrition Security (NFNS) co-ordination committee meeting	December 7, 2015, Union Buildings, Pretoria	Ongoing review of the NFNS plan with suggestions that it be structured like the National Strategic Plan which was developed using a multisectoral approach. Budget discussion for the NFNS plan including a proposal to engage a costing expert for the plan
Inter-Agency Task Team (IATT) meeting in Harare, Zimbabwe	December 6-9, 2015, Harare, Zimbabwe	Emphasis on the importance of follow-up of mother-baby pairs living with HIV – CDS has developed a strategy to implement this follow-up at its supported sites
District Health Management Team (DHMT), Nkangala	December 9, 2015, Nkangala District Offices	Successful advocacy for the integration NACS into health services in Nkangala district, and selection of sites. Sharing of Nkangala Service Delivery Improvement Plan, by the district which is viewed as a guide for NACS technical assistance and interventions. Appointment of a task team to support the improvement plan. NACS encouraged to collaborate with prevention of mother to child transmission (PMTCT) and strengthen nutrition components.
District Health Management Team (DHMT) , Ehlanzeni	December 15, 2015, Ehlanzeni, Mpumalanga.	Discussion around strengthening of NACS in Ehlanzeni sub- districts Mbombela and Bushbuckridge, also advocating for the support of management in mentoring, coaching and supervision of staff at selected sites. Agreement to include NACS in PMTCT training for strengthening of nutrition component, with special emphasis on exclusive breastfeeding.
“THINK TANK” Sub - Committee Meetings	December 15 and 17, 2015, National DOH	Discussions of tasks/roles clarification for the committees’ to facilitate development of the terms of reference for the task team

Meeting	Date & Place	Meeting Outcomes
		Development of framework to implement the prevention and management of SAM and protecting, promoting and supporting breastfeeding, as well as popularizing the Road to Health booklet

Community Health Workers Skills Building in NACS Implementation

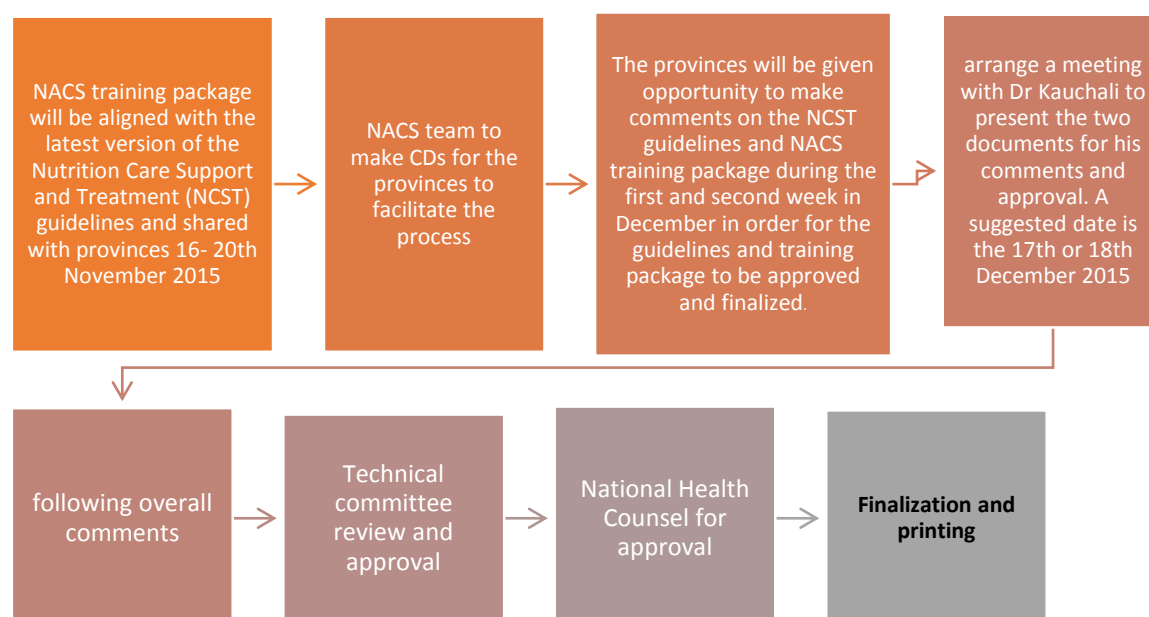
Knowledgeable and skilled community health workers facilitate early identification of malnourished clients at household level for early referrals, as well as support for adherence to nutrition plans at household level, contributing to retention in treatment and economic strengthening and livelihood.

NACS Curriculum Development

A major contribution to the building of knowledge and skills of health care workers is the development of a NACS curriculum in support of the DOH to create a cadre of skilled workers, capable of delivering a comprehensive set of NACS services. The curriculum is nearing the final stages of development. A meeting was held on December 11, 2015 with the representative from the National DOH Nutrition Directorate to review progress and discuss final edits to all the modules in the curriculum. The next steps agreed upon in this meeting were as follows:

- Curriculum needs to be circulated within the National DOH structures for input. Thereafter the document needs comments from the provinces. Once the participants' manual has been agreed upon, a set of PowerPoint slides and a detailed facilitators' manual needs to be finalized.
- Printing of the final curriculum document

Figure 6: Process for Finalizing NACS Curriculum



NACS Trainings

CDS conducted knowledge and skills development sessions on breastfeeding and NACS during this reporting period, as well as one session of Mother Baby Friendly Initiative (MBFI) Feedback to promote breastfeeding, nutrition, and care for mothers pre- and post-natal. MBFI incorporates prevention of mother-to-child transmission, including promotion of exclusive breastfeeding, and supports mothers for two years after delivery.

Table 10. NACS Trainings Conducted

Training	Participants
Mother Baby Friendly Initiative Feedback	A total of 12 participants (of the 20 trained on MBFI assessment) attended the session and submitted a portfolio of evidence. All participants were female health care providers, including four professional nurses and eight dietitians. Certificates of competence were issued to all trained assessors. ⁴
Knowledge and skills development on management of breastfeeding	A total of 35 participants attended this training, of which 30 were female and 5 were male. The group was made up of 28 health care providers, including 22 nurses, six dietitians, and seven managers.

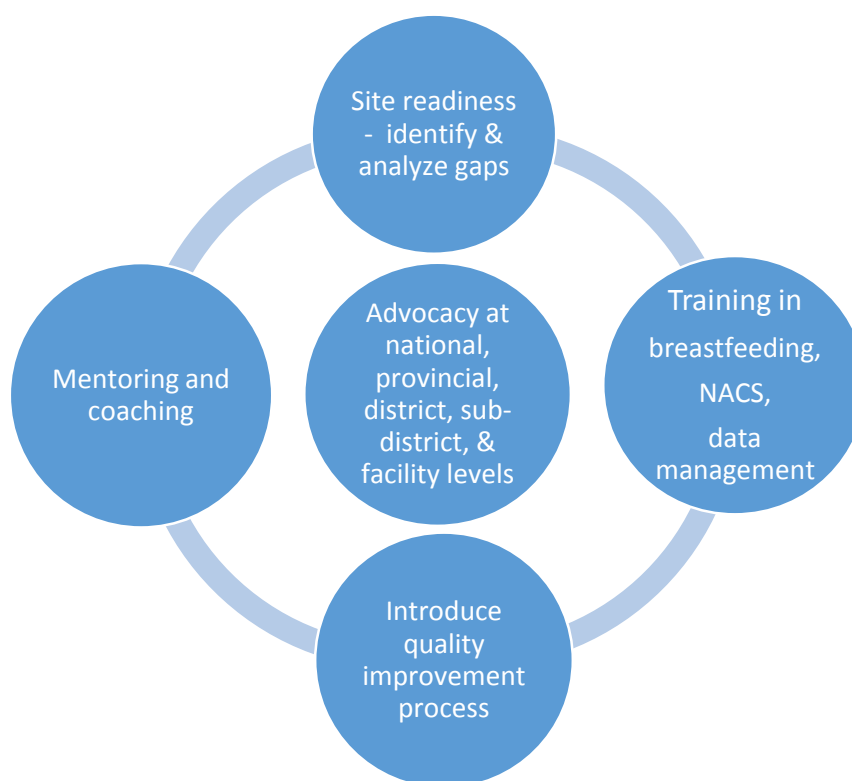
⁴ This certification qualifies participants to be DOH national assessors based on the WHO/UNICEF global tool adopted by South Africa.

Training	Participants
Knowledge and skills development on NACS	Participants who attended the breastfeeding session also attended this training, drawn from the following districts that make up the Free State (Xhariep, Lejweleputswa, Fezile Dabi, Thabo Mofutsanyane, and Mangaung Metro)

NACS Technical Assistance Model

NACS technical assistance includes advocacy at all levels, particularly at the operational level, to ensure buy in and contribute to institutionalization of the nutrition care practices. Knowledge and skills development is essential but does not always lead to practice: ongoing mentoring and coaching to support skills building is critical. The technical assistance model used by CDS for NACS is shown in the diagram below:

Figure 7: Technical Assistance Process for NACS Site Support



District Site Visits

CDS supports a total of 88 selected health facilities. In this reporting period, 62 of these health facility sites were visited to implement a series of technical assistance activities, which include site readiness assessments, quality improvement orientation, mentoring and coaching, and data collection.

Table 11: Sub-Districts which Received On-Site Support in this Quarter

Sub- district	Number of sites
Vryheid, Zululand, KZN	7
Kabokweni, Ehlanzeni, Mpumalanga	9
Hlabisa, UMkhanyakude, KZN	5
Maluti-A- Phofung, Thabo Mofutsanyana, Free State	5
Nkandla, UThungulu, KZN	7
Polokwane, Capricorn, Limpopo	7
Nyandeni , OR Tambo, Eastern Cape	12
Ulundi, Zululand, KZN	7
Mosvold, UMkhanyakude, KZN	3
Total sites which received support	62

Early Childhood Development

CDS piloted nutrition curriculum for ECD centers in Plettenberg Bay in the Western Cape to build the capacity of cooks, care givers, and principals on concepts of food handling, storage, and preparation of meals, including food portions. In October, CDS provided a mentoring visit to review post-training practices and visited the 10 centers to reinforce implementation of the skills learned in the training.

Nutrition Essential Supplies

Preliminary findings from the NACS site readiness exercise and SIMS reports earlier in 2015 indicate that the sites still require nutrition essential supplies including body-mass index (BMI) wheels, middle-upper arm circumference (MUAC) tapes for both adults and children, length measurements for children, and nutrition job aids or information, education and communication (IEC) materials. During this reporting period, CDS procured 100,000 MUAC tapes for the NACS activities at the supported sites.

A BMI wheel obtained from the FHI 360 Food and Nutrition Technical Assistance Project (FANTA) was printed in 2013 and continues to be distributed to selected NACS implementing sites. The initial wheel has been improved by FANTA and now combines the calculation and interpretation of BMI readings on the same wheel. CDS is in the process of procuring this

advanced BMI wheel and is awaiting specifications from the Boston Children's Hospital. In the interim, a re-print of the old wheel will be done for sites that still need a way to calculate BMI.

NACS program challenges and measures to address them include:

- The team has experienced staff loss and is addressing this by advertising four posts of training officers
- The 88 implementation sites require intensive mentoring and coaching beyond the capacity of current CDS staff. CDS is developing a turn-around strategy to address this challenge.
- The current system has weak linkages and referrals to nutrition services. CDS is conducting intensified advocacy for a multisectoral approach to address nutrition issues.
- Managing the collection and reporting on the two nutrition program-related MER indicators from 88 sites is unsustainable without additional HR support and an urgent review of DoH's policy on integration of new tools at facility level.

Component Four: Monitoring, Evaluation, Reporting and Learning

Completion of ECHS Program Baseline Assessment

During this reporting period, following the comments received from partners on the draft report, the ECHS Baseline Assessment Report was finalized and submitted by HSRC to FHI 360 in December 2015. Draft findings and key recommendations included in the last quarterly report did not substantially change. Key findings from the baseline results of the nine essential OVC indicators were shared during the OVCY Conference hosted by USAID in December 2015. Some of the notable findings from the assessment include the following:

- Widespread developmental delays in children under five years in the target communities (with fine motor and problem solving skill being the most impacted)
- Families are generally under stress, thereby placing children at risk from an early age
- High unemployment and poverty
- Households experience mixed access to basic services they require (including health, HIV and AIDS, social, and household economic strengthening services)
- Relatively high incidence of violence and stressful events
- Prevalence of poor physical and mental health outcomes
- Gaps exist in the institutional and technical capacities of the selected ECHS partners

To rapidly mitigate the impact of the identified developmental challenges, and to advance health outcomes and developmental progress of the children under five years of age, other vulnerable children, and members of the households in the target communities, it is recommended that CDS work closely with the ECHS partner to design and implement:

- Early interventions that are focused on family strengthening. Most critical is the potential for implementing an appropriately designed ECHS model of care as an integrated service delivery package.
- Institutional capacity strengthening programs that will promote optimal performance of the NGOs for maximum impact on the target audience.

In the next quarter, the CDS team will workshop how the key findings from this assessment and can be incorporated into the existing strategies proposed by these ECHS partners. Site-specific findings will be utilized to refine program design and better target interventions to ensure responsiveness to baseline assessment recommendations. Further dissemination of the key findings will take place at provincial and district level, as well as through the USAID OVCY Forum and other stakeholder meetings. On the nine essential OVC indicators, the CDS team will set-up suitable approaches to re-collect and report on these indicators in the Data for accountability, Transparency and Impact (DATIM) system, as expected.

DQAs for USAID OVCY Partners

During this reporting period, the CDS M&E team worked closely with Khulisa Management Services to ensure provision of timely one-on-one feedback on the DQA findings and recommendations to the OVCY partners whose data were assessed. During those one-on-one sessions via USAID-organized management meetings, the eight OVCY partners also provided Khulisa with their feedbacks on the DQA process and report findings in order to incorporate into the final DQA Report that will be submitted to USAID. Those one-on-one sessions were effectively conducted and well attended by the CDS' Agreement Officer's Representative (AOR) and Activity Manager. Partners were urged to develop action plans and ensure follow up on the key recommendations and resolution of challenges identified during the DQA. In addition, at USAID's request, the Khulisa team presented the key findings from the DQA process during the OVCY Conference on November 19, 2015. The presentation was an opportunity to sensitize all OVCY partners on the importance of maintaining high quality data and data management systems.

The DQAs revealed the following common strengths and weakness:

- Common Data Management System Strengths:
 - Documented indicator definitions and reporting guidelines
 - Key data management staff in place for most partners
 - Appropriate data collection and reporting tools were in place at some of the partners' sites
 - Electronic databases in use were largely well designed to avoid double counting of beneficiaries
- Common Data Management System Weaknesses:
 - M&E manuals/standard operating procedures (SOPs) for some of the partners were not aligned to the changes in PEPFAR reporting requirements because they were not updated periodically
 - Inadequate tracking/counting of the indicators that were assessed such as: HIV prevention indicator, successful referrals for the HTC indicator, and several others
 - Inadequate documentation for audit trail purposes
 - 90% of the OVCY partners had incomplete links to the National Reporting System

In response to the many issues that came up from the DQA findings, especially those that center on data management systems, CDS was tasked with developing a capacity strengthening plan for the OVCY partners, focused on how to establish and maintain strong data management systems for all PEPFAR programming, including DREAMS initiative activities. In addition, USAID advised that CDS should conduct another round of DQAs for all USG OVCY partners in 2016, following the semi-annual report submission. The second DQAs

will focus on new MER indicators such as OVC_SERV and OVC_ACC, as well as other relevant DREAMS MER indicators.

Vhutshilo Curricula Implementation Evaluation Dissemination/Validation Meeting

USAID implementing partners in South Africa have implemented the Vhutshilo 1 and 2 curricula for many years without proper evaluation on their effectiveness. To understand the key facilitators and barriers to effective, sustainable implementation of the curricula in providing adolescent HIV prevention services, CDS was commissioned by USAID to conduct an implementation evaluation, which was concluded this quarter. In October 2015, a dissemination/validation workshop was held in Pretoria with partners that participated in the evaluation, in order to share key findings and recommendation.

Key findings from the evaluation indicated that the curricula address the knowledge gaps of the target audiences, and can be delivered in a wide range of contexts. The following recommendations were made, which would enhance the utility and effectiveness of the curricula, and should be factored into the program design:

- 1) Package the content of the two curricula into a well-designed user-friendly 'Vhutshilo toolkit'
- 2) Incorporate strong adult supervision mechanisms during implementation
- 3) Ensure access to relevant referral systems for related supportive services

CDS further disseminated the key evaluation findings on November 19, 2015, at the USAID OVCY Partners' Forum. The final report from this evaluation, along with all the other assessment and evaluation reports conducted under the CDS project, will be submitted to the USAID Development Experience Clearinghouse (DEC) in January 2016.

Roll-Out of CBIMS Desktop Database and the Implementation of Data Exchange with OVCY Database

During the period under reporting, Rob Cairns continued to provide database training and support to USAID OVCY partners including the ECHS sub awardees. This quarter, the consultant:

- Provided follow-up hands-on support to the ECHS sub-awardees on the use of CBIMS
- Provided refresher training on the OVC Database to Networking HIV/AIDS Community Of South Africa (NACOSA) partners at four sites, in addition to training new partners contracted by NACOSA

- Customized the National OVC Database (CBIMS) to capture ECHS-specific services that were not originally included
- Completed the coding on the new DATIM (DHIS-2) PEPFAR quarterly reports so that these reports are duplicated on the OVC Database and in CBIMS Desktop
- Presented the CBIMS Mobile and CBIM Desktop applications at the USAID OVCY Conference on November 18, 2015

It is anticipated that the coding of the DATIM report will encourage most OVCY partners to consolidate the use of these two databases for managing their client level data and for OVC program reporting. Table 13 below details the dates and nature of the consultant's activities for the quarter.

Table 13: CBIMS trainings and support held with NACOSA and other OVCY partners in the quarter

OVCY Partners	Dates of the support	Type of activity
NACOSA	19 – 20 October 2015 (Durban) 26 – 27 October 2015 (East London) 2 – 3 November 2015 (Mpumalanga, Free State and North West)	Training of NACOSA's new Partners
ECHS Partners		
Keth I'mpilo	26 November 2015	Follow-up Visit (post-CBIMS training)
Wozobona	1 – 2 December 2015	Follow-up Visit (post-CBIMS training)
	10 – 16 December 2015	Coding to merged two separate databases
The Valley Trust	9 – 10 November 2015	Follow-up Visit (post-CBIMS training)

The CDS team held a meeting with the database consultant on the December 9, 2015 to do a close out presentation on the ending contract along with an inception meeting to discuss the scope for a new contract. In 2016 the consultant will work with CDS to import household data from ECHS partners into the CBIMS desktop, complete the ECHS and other PEPFAR reports in the CBMIS Desktop, provide additional training to CDS partners, and other tasks as requested.

MER Activities in support of the DREAMS Initiatives

With the kick-off of the DREAMS Initiative implementation in South Africa in November 2015, the CDS MER team supported a range of activities during the reporting period. These activities include:

- Development of the research study concept note for mapping and characterization of the male sex partners of AGYW in KZN and Gauteng Provinces. The first draft of the concept note has been shared with USAID and technical comments have been addressed. The revised draft will be shared in January 2016 to enable other DREAMS stakeholders make comments prior to final approval and commencement of the study.
- Drafting of relevant APSs and RFPs to mobilize new local partners who will implement the CDS serviced delivery component of the DREAMS initiatives in Gauteng and Kwa Zulu Natal Provinces.
- Meeting with Africa Center and Population Council to discuss implementation and collaboration issues around the DREAMS M&E, research and implementation science activities. CDS and Africa Center are developing a scope of work that will enable the Africa Center provide data analysis and sharing support to DREAMS' in uMkhanyakude District. CDS and Population Council are forging a technical collaboration to implement a complementary research design around the characteristics of male sex partners of the AGYW, as well as hotspots to target them, in the two focus provinces.

MER Activities in support of NACS

Nutrition Indicators Data Collection Pilot

From April to August 2015, NASCAP conducted a data collection pilot of 18 sites in Mpumalanga and KZN to determine the feasibility of collecting nutrition service provision and individual status data. During October, findings of the collection pilot were shared with USAID and CDC. The pilot achieved the following:

- The feasibility of collecting data was established, with all 18 sites collecting data on two nutrition service delivery indicators
- Data collection tools and processes were tested and finalized
- Data from the pilot were reported in DATIM and for the first time valid NACS data were made available from the service delivery level

Lessons learned from the pilot included:

- District and primary health care supervisors' involvement in data collection is important

- Health facility data capturers are an important resource for institutionalization of the processes
- Availability of data significantly contributed towards tracking implementation at health facility level

Challenges and opportunities that arose from the pilot include:

- The intensity of technical assistance and level of effort by the NACS/CDS team for the pilot may not be sustained with the expansion of data collection to all 88 selected sites
- A barrier for data collection was found to be the non-integration of these indicators in the DOH information systems.
- Consolidation of registers by the DOH has implications on data collection at health facility level. The new registers have eliminated many nutrition indicators.

Expanding Data Collection to all 86 Sites

During this reporting period, subsequent to the integration of the NACS program into CDS, the team rolled out implementation of data collection at all sites as part of the team's site-based mentoring and coaching technical assistance activities. A total of 67 sites (78%) have been oriented on data collection, including sites in Mpumalanga, KZN, Eastern Cape, Free State and Limpopo. The outstanding sites are in the new Gert Sibande and Bronkhorspruit districts where advocacy for initiation of the data collection was in process during the reporting period. Follow-up is required in the 67 sites to ensure accurate collection and recording of data at health facility level. Developing data collection tools and forms was part of the effort to systematize the collection of nutrition data at health facility level.

Data on NACS services is used to measure strengthened capacity to deliver a comprehensive set of services. Data collected at the 18 pilot sites demonstrates a change in organizational behaviour. Improvements were seen in the following areas: 1) providing nutrition assessments to clients (rather than simply weight-taking); 2) classifying clients' nutrition status (which went beyond the previous clinical assessments); and 3) recording access to supplementation for adult people living with HIV (PLHIV). The data aided the project to establish that the continuum of NACS support is being provided in these sites. All this translates to improving the rate of nutrition assessment and case detection followed by appropriate action or supplementation, and capacity to provide a comprehensive set of nutrition services. However, there is a need to follow up on quality issues to ensure that skills and knowledge are translating into quality service delivery.

Site Readiness Assessments

During the reporting period, a Site Readiness Assessment tool was developed to facilitate the determination of readiness of health facility sites to provide NACS services. The tool was then used to assess and analyze the readiness of 48 new sites in terms of the following nine dimensions: 1) staff, 2) NACS integration into services, 3) nutrition assessment and classification, 4) availability of materials and equipment, 5) nutrition support and basic counselling, 6) referrals and defaulters follow-up, 7) specialized food, 8) data recording, and 9) key critical promotions. The tool assesses the ability of a site to integrate NACS as a standard of care for PLHIV, in order to support client level changes in both nutrition and HIV outcomes.

Figure 8: Findings of NACS Site Readiness Assessments

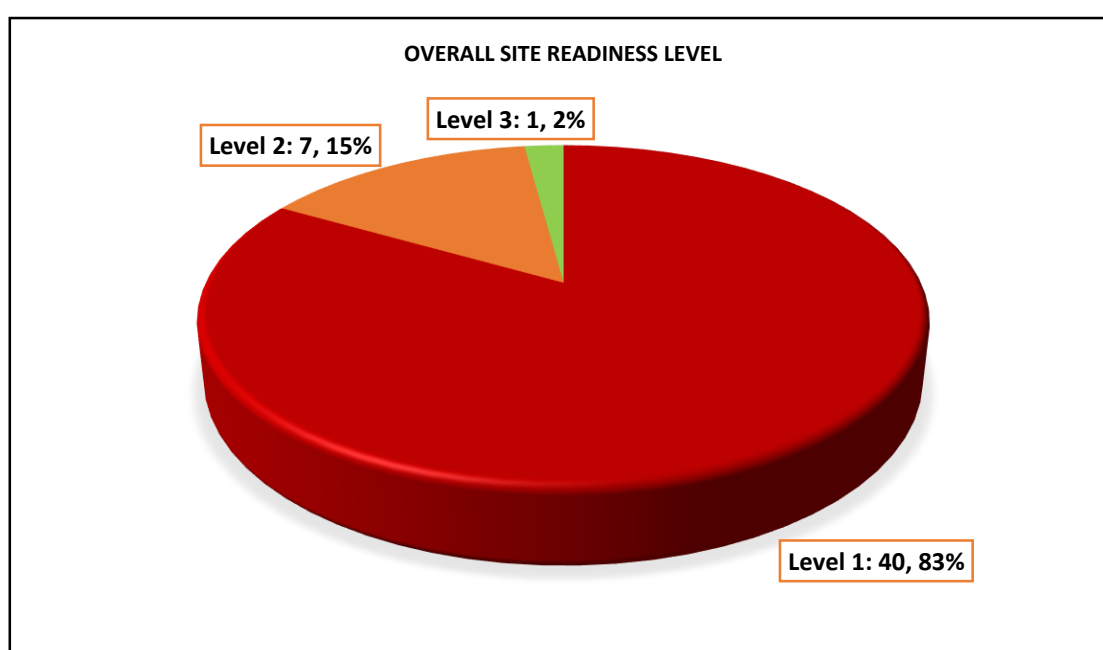


Table 12: Site Readiness Assessment Findings and Technical Assistance Required

Level of performance	Technical assistance required
<p><u>FAIR PERFORMING: Level 1</u></p> <p>A total of 40 out of the 48 facilities assessed are at level 1. They lack NACS services across five core dimensions:</p> <ul style="list-style-type: none"> ○ Recording of nutrition assessments and classification in patient files ○ Nutrition counseling ○ Management of food supplements ○ Nutrition-related referrals ○ Recording data on nutrition services across all target populations <p>Compounding factors included missing resources, lack of specialized food products, unclear staff roles/responsibilities, absence of stationery to record critical NACS data, unclear client flow, and only one department implementing NACS</p>	<p>Facilities identified to be in level 1 were earmarked for intensive level of technical assistance, including:</p> <ul style="list-style-type: none"> ○ Intensified training and follow up on-site to provide mentoring and coaching, with at least two site visits per month by the project technical and M&E staff
<p><u>GOOD PERFORMING: Level 2</u></p> <p>A total of seven facilities (15%) assessed are at level 2. They performed relatively well across the five core dimensions listed above.</p> <p>Enabling factors included defined client flow, clear staff roles and responsibilities for NACS, most key staff trained in NACS, register consistently used to record and update NACS data, NACS offered in two or more departments, some form of NACS community/clinic referral linkages, intermittent supply of specialized food products.</p>	<p>Facilities identified to be at level 2 were earmarked for a medium level of technical assistance, including:</p> <ul style="list-style-type: none"> ○ Medium level of training and follow up to provide on-site mentoring and coaching, with at least one site visit per month by the project technical and M&E staff.
<p><u>EXCELLENT PERFORMING: Level 3</u></p> <p>Only one facility assessed is at level 3. It performed well across the five core dimensions listed above.</p>	<p>The facility identified to be at level 3 was earmarked for low levels of technical assistance, including:</p> <ul style="list-style-type: none"> ○ Low level of training and follow up to provide on-site mentoring and coaching,

Level of performance	Technical assistance required
Enabling factors included effective client flow, all key staff trained in NACS, updated nutrition register, almost all departments providing NACS, consistent supply of specialized food products, all NACS guidelines and job-aids posted/visible, clients consistently counselled on nutrition, all clients nutritionally assessed in all departments on all days, consistent accuracy in classification of nutritional status.	with at least one site visit per quarter by the project technical and M&E staff.

As noted in Component Three B, CDS is developing a turn-around strategy to address these findings. The remaining 20 sites are earmarked for Site Readiness Assessment during the first quarter of 2016.

SECTION 4: PLANNED ACTIVITIES FOR THE NEXT REPORTING PERIOD

Table 15: Activities Planned for the Next Quarter (January to March 2016)

	Activities	Timelines (2016)
Component 1: Grant Award and Management	<ul style="list-style-type: none"> RFPs: Isibindi Mid-Term Review; Visibility Analytics Network and select service providers APSS: DREAMS 1 and 2 service providers 	<ul style="list-style-type: none"> January February
	<ul style="list-style-type: none"> Conduct application/proposal negotiations with HUMANA, NICDAM and FPD which were shortlisted for the SRI APS 	<ul style="list-style-type: none"> January
	<ul style="list-style-type: none"> Conduct pre-award assessments of the selected service providers for SRI, DREAMS, Isibindi Mid-term Review and Visibility Analytics Network (VAN) 	<ul style="list-style-type: none"> February
	<ul style="list-style-type: none"> Issue the following contracts and grant agreement: <ul style="list-style-type: none"> Contracts: <ul style="list-style-type: none"> Isibindi Mid-term Review VAN HSRC Mapping Africa Centre CSPE HETTAS CDS data base SRI Grant Agreements: <ul style="list-style-type: none"> HUMANA NICDAM FPD (increase of obligation) 	<ul style="list-style-type: none"> February - March
	<ul style="list-style-type: none"> Conduct kick-off meetings/post award orientation workshops for the contracts and grants agreement issued 	<ul style="list-style-type: none"> February - March
	<ul style="list-style-type: none"> Modify (TLAC) grant agreement to include phase 2 activities 	<ul style="list-style-type: none"> February
	<ul style="list-style-type: none"> Ongoing sub-award management 	<ul style="list-style-type: none"> January - March
	<ul style="list-style-type: none"> Modify ECHS sub-awardees' agreements incremental funding for year two. 	<ul style="list-style-type: none"> March
	Technical	
Component 2: Institutional Capacity Development of Indigenous Organizations	<ul style="list-style-type: none"> Participate in the technical review of the DREAMS proposals 	<ul style="list-style-type: none"> February 2016
	<ul style="list-style-type: none"> Finalize the referral and tracking protocol for ECHS partners 	<ul style="list-style-type: none"> January 2016
	<ul style="list-style-type: none"> Provide TA to ECHS partners in preparation for SIMS 	<ul style="list-style-type: none"> January - February 2016
	<ul style="list-style-type: none"> Conduct HIV and AIDS Lay Counselling training for home visitors 	<ul style="list-style-type: none"> February – March 2016
	<ul style="list-style-type: none"> Participate in the DREAMS Steering committee meetings in KZN 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Continued development of internal SOPs 	<ul style="list-style-type: none"> January 2016
	<ul style="list-style-type: none"> Implement partner capacity development plans 	<ul style="list-style-type: none"> January - March 2016

	Activities	Timelines (2016)
	<ul style="list-style-type: none"> Pilot the ECHS essential minimum package checklist 	<ul style="list-style-type: none"> January 2016
	<ul style="list-style-type: none"> Provide technical assistance for ECHS partners 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Complete the PEPFAR Gender Analysis 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Pilot Gender Mainstreaming Curriculum Toolkit for ECHS 	<ul style="list-style-type: none"> February 2016
	<ul style="list-style-type: none"> Provide gender mainstreaming training for ECHS partners 	<ul style="list-style-type: none"> February - March 2016
	<ul style="list-style-type: none"> Provide technical assistance to TLAC in the implementation of the pilot implementation phase 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Conduct gender mainstreaming brown bags with XXX 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Provide technical assistance including gender mainstreaming for other NGOs as requested 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Implementation of the Gender Mainstreaming into HIV and AIDS framework 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Finalize OVCY Lay Counsellor Training Report 	<ul style="list-style-type: none"> January 2016
	<ul style="list-style-type: none"> Follow up with OVCY partners post Lay Counsellor Training 	<ul style="list-style-type: none"> February 2016
	Program Management	
	<ul style="list-style-type: none"> Conduct the All Partners Kick-off Meeting 	<ul style="list-style-type: none"> January 2016
	<ul style="list-style-type: none"> Coordinate and conduct partner program management meetings 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Conduct customer satisfaction surveys 	<ul style="list-style-type: none"> March 2016
	<ul style="list-style-type: none"> Coordinate site visits together with USAID, and SIMS visits 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Coordinate AOR meetings 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Coordinate start-up phase of new NGO implementers for DREAMS and SRI 	<ul style="list-style-type: none"> In January - March 2016
	<ul style="list-style-type: none"> Coordinate distribution of TOMS shoes 	<ul style="list-style-type: none"> January - March 2016
	Organizational Development	
	<ul style="list-style-type: none"> Finalize DCAT improvements and updates 	<ul style="list-style-type: none"> January 2016
	<ul style="list-style-type: none"> Link DCAT onto CDS website 	<ul style="list-style-type: none"> February 2016
	<ul style="list-style-type: none"> Finalize development of organizational development standard operating procedures 	<ul style="list-style-type: none"> January 2016
	<ul style="list-style-type: none"> Confirm partner capacity development plan intervention dates 	<ul style="list-style-type: none"> January 2016
	<ul style="list-style-type: none"> Implement partner capacity development plans 	<ul style="list-style-type: none"> January - March 2016
	<ul style="list-style-type: none"> Pilot curricula with partners (HRM, Leadership, Governance, Gender, M&E) 	<ul style="list-style-type: none"> February 2016
	<ul style="list-style-type: none"> Finalize annual training calendar 	<ul style="list-style-type: none"> February 2016

	Activities	Timelines (2016)
	<ul style="list-style-type: none"> Monitor and support consultant-led sustainability projects 	<ul style="list-style-type: none"> January – March 2016
	Finance Capacity Building	
	<ul style="list-style-type: none"> Provide mentoring and technical assistance to sub awardees 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Conduct Grants & Financial Management Training 	<ul style="list-style-type: none"> TBD
	<ul style="list-style-type: none"> January – March 2016 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> CEGAA finance capacity development 	<ul style="list-style-type: none"> January – March 2016

Project Components	Activities	Timelines (2015)
Component 3A: Capacity Building Assistance to SAG	Management of Technical Assistants	
	<ul style="list-style-type: none"> Finalize the recruitment and placement of DOH TAs on HTA, DREAMS and HIV Prevention, and National Treasury TA on Conditional Grants. 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Facilitate the recruitment of other TAs as requested by USAID 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Monitor and evaluate performance of TAs 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Provide technical support and assistance to TAs to conduct planned activities 	<ul style="list-style-type: none"> January – March 2016
	Technical Assistance on Isibindi Project	
	<ul style="list-style-type: none"> Facilitate the implementation of the communication management strategy for the project 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Facilitate the implementation of the project financial system and management plan 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Facilitate the finalization of the result framework for the Isibindi Project and develop a M&E roll-out plan 	<ul style="list-style-type: none"> March 2016
	<ul style="list-style-type: none"> Facilitate the midterm review of the Isibindi Project 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Develop the learning and development programme (Career expo) for 2016 	<ul style="list-style-type: none"> March 2016
	<ul style="list-style-type: none"> Draft the stakeholder mapping report 	<ul style="list-style-type: none"> February 2016
	<ul style="list-style-type: none"> Support the development of a costed sustainability plan by KPMG. 	<ul style="list-style-type: none"> January – March 2016
	Technical Assistance on ECD	
	<ul style="list-style-type: none"> Develop a plan for the ECD policy training 	<ul style="list-style-type: none"> March 2016
	<ul style="list-style-type: none"> Support the finalization of the national ECD strategic plan and the roll-out plan for universal access to ECD service 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Participate in the refinement of the guideline for registration of ECD programmes. 	<ul style="list-style-type: none"> February – March 2016

	<ul style="list-style-type: none"> Finalize the needs assessment tool (questionnaire) for capacity building interventions and facilitate the collection of data. 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Develop the plan on the roll-out of training on the Parenting Programme. 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Facilitate the review of the parenting programme 	<ul style="list-style-type: none"> January – March 2016
	Technical Assistance on Condom programming	
	Finalize ToR, inception report, project plan, work plan and results framework.	<ul style="list-style-type: none"> January – March 2016
	Conduct any priority activities as may be directed by DOH.	<ul style="list-style-type: none"> October – December 2015
	Technical Assistance DREAMS Programme	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support provinces and districts to finalise their DREAMS implementation plans 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support the finalisation of the DREAMS M & E framework 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Provide guidance on health programme packages for DREAMS 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Provide guidance on the DREAMS communication strategy 	<ul style="list-style-type: none"> January – March 2016

Project Components	Activities	Timelines (2016)
Component 3B: NACS	Management of Technical Assistants	
	<ul style="list-style-type: none"> Advocacy for integration of NACS into existing programs in Tshwane (Gauteng), Gert Sibande (Mpumalanga) 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Host one-day workshop to develop terms of reference for SAM technical working group 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Conduct training on NACS and breastfeeding in the OR Tambo district, Tshwane, Gert Sibande, and Nkangala 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Conduct mentoring and coaching based on findings of site readiness assessments 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Conduct orientation for PEPFAR partners on integration of NACS 	<ul style="list-style-type: none">

Project Components	Activities	Timelines (2016)
Component 4: MERL	Research and Evaluation Activities	
	<ul style="list-style-type: none"> Commence the male sex partner of AGYW study after USAID and DREAM Task Team approval 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support the mid-term review of Isibindi Model of Care Project 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support the Virtual and Analytical Network Baseline Studies 	<ul style="list-style-type: none"> January – March 2016

	<ul style="list-style-type: none"> Support the NACS technical review process 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Set-up ad-hoc system for the roll out of data collection on the nine OVC Essential Survey Indicators 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support the dissemination and utilization of the ECHS Baseline Study Report 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support the qualitative component of the PEPFAR-sponsored National Gender Analysis Study 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Provide MERL technical assistance to NGO partners and health facilities 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Conduct M&E training as part of NACS curricula-based training 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Conduct district-level data management and usage training 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Provide on-site mentoring and coaching for NACS 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Conduct routine DQA visits to all ECHS partners and support the strengthening of their data management and M&E systems 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support TLAC project implementation phase planning and setting up of the M&E system 	<ul style="list-style-type: none"> January – March 2016
	Effective Integration of M&E for NACS Implementation	
	<ul style="list-style-type: none"> Conduct Site Readiness Assessment in all selected sites to determine baseline for NACS implementation 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support NACS monthly nutrition services data collection at site and community levels 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support NACS DQAs 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Orient selected PEPFAR implementing partners on NACS data collection 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Support the planning and roll-out of quality improvement activities for NACS 	<ul style="list-style-type: none"> January – March 2016
	Best Practices and Innovative Practices Disseminated	
	<ul style="list-style-type: none"> Document best practices across CDS 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Work with the FHI 360 Tech Lab to develop innovative data collection methods 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Finalize the CDS Knowledge Management Framework and Communication Plan 	<ul style="list-style-type: none"> January – March 2016
	Program Reporting	
	<ul style="list-style-type: none"> Compile monthly unit reports and work plans 	<ul style="list-style-type: none"> January – March 2016
	<ul style="list-style-type: none"> Compile Quarterly Progress Results for program review 	<ul style="list-style-type: none"> January – March 2016